FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000037425 (1)

SEVERSON ENTERPRISES. INC.

Principal Place of Business Mailing Address 8280 NW 36 STREET ABC BOOKKEEPING SERVICE SUNRISE FL 33351 6800 CODY STREET HOLLYWOOD FL 33024-2818 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0660592 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution 28

24 25 29 9, Name and Address of Current Registered Agent SEVERSON, JULIA J **8280 NW 36 STREET** SUNRISE FL 33351

Country

Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City 85 Zip Code

FILED

May 07 1998 8:00am

Secretary of State

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition 1.3 TITLE Change TITLE SEVERSON, JULIA J NAME 1.2 NAME **8280 NW 36 STREET** STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 33351 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 21 TITLE TITLE NA 22 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Addition 4.1 THLE Change TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CATY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE MANAF 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS

CITY-ST-ZIP 14. Thereby cortify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplimental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \$\frac{1}{2} \frac{1}{2} \frac{1}{

SIGNATURE: STO. (

4/29/98

954-949-2426