

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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K06385  
1. Corporation Name  
Serafem, Inc



Principal Place of Business  
1804 RIVERVIEW DRIVE  
MELBOURNE FL 32901

Mailing Address  
1804 RIVERVIEW DRIVE  
MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
2/11/87

2. Principal Place of Business  
21 1120 E. Palmetto Ave.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 1120 E Palmetto Ave  
Suite, Apt. #, etc.

4. FEI Number  
59-2860469  
Applied For  
Not Applied For

22  
City & State  
23 Melbourne, FL

27  
City & State  
28 Melbourne, FL

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 32901  
Country  
25 Brevard

29 32901  
Country  
30 Brevard

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**STIVERS**  
1804 RIVERVIEW DRIVE  
MELBOURNE FL 32901

10. Name and Address of New Registered Agent  
81 Name James E. Stivers  
82 Street Address (P.O. Box Number is Not Acceptable)  
1120 E Palmetto Ave  
83  
84 Melbourne FL 85 Zip Code 32901

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE 4/30/98  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS                    |  | DELETE                   |
|---|--|--------------------------|
| TITLE<br><u>D</u>                             | NAME<br><u>STIVERS, JACIE</u>                | <input type="checkbox"/> |
| STREET ADDRESS<br><u>1804 RIVERVIEW DRIVE</u> | CITY - ST - ZIP<br><u>MELBOURNE FL 32901</u> |                          |
| TITLE<br><u>D</u>                             | NAME<br><u>STIVERS, JAMES E</u>              | <input type="checkbox"/> |
| STREET ADDRESS<br><u>1804 RIVERVIEW DRIVE</u> | CITY - ST - ZIP<br><u>MELBOURNE FL 32901</u> |                          |
| TITLE   | NAME   | <input type="checkbox"/> |
| STREET ADDRESS                                | CITY - ST - ZIP                              |                          |
| TITLE   | NAME   | <input type="checkbox"/> |
| STREET ADDRESS                                | CITY - ST - ZIP                              |                          |
| TITLE   | NAME   | <input type="checkbox"/> |
| STREET ADDRESS                                | CITY - ST - ZIP                              |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  |   | Change                              | Addition                            |
|--|---|-------------------------------------|-------------------------------------|
| 1.1 TITLE<br><u>Sec. Treas</u>                   | 1.2 NAME<br><u>Stivers, Jacie</u>                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 1.3 STREET ADDRESS<br><u>1120 E Palmetto Ave</u> | 1.4 CITY - ST - ZIP<br><u>Melbourne, FL 32901</u> |                                     |                                     |
| 2.1 TITLE<br><u>Treas</u>                        | 2.2 NAME<br><u>Stivers, James E.</u>              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2.3 STREET ADDRESS<br><u>1120 E Palmetto Ave</u> | 2.4 CITY - ST - ZIP<br><u>Melbourne, FL 32901</u> |                                     |                                     |
| 3.1 TITLE<br><u>VP</u>                           | 3.2 NAME<br><u>Gary Turner</u>                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3.3 STREET ADDRESS<br><u>1120 E Palmetto Ave</u> | 3.4 CITY - ST - ZIP<br><u>Melbourne, FL 32901</u> |                                     |                                     |
| 4.1 TITLE  | 4.2 NAME  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4.3 STREET ADDRESS                               | 4.4 CITY - ST - ZIP                               |                                     |                                     |
| 5.1 TITLE  | 5.2 NAME  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5.3 STREET ADDRESS                               | 5.4 CITY - ST - ZIP                               |                                     |                                     |
| 6.1 TITLE  | 6.2 NAME  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6.3 STREET ADDRESS                               | 6.4 CITY - ST - ZIP                               |                                     |                                     |

405/13

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-05/15/98--01015--036  
\*\*\*150.00

14. I hereby certify 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 supplemental 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 \_\_\_\_\_