

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90066 020 ***150.00

DOCUMENT # K14987

1. Corporation Name
SETICORP, INC.

Principal Place of Business
**1101 NE 1ST ST
FT LAUDERDALE FL 33301
US**

Mailing Address
**1101 N.E. 1ST STREET
FORT LAUDERDALE FL 33301-1601**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1988

4. FEI Number

65-0031669

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLISTON, TODD W.
8211 W. BROWARD BLVD., STE 375
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCT** ☐ DELETE
NAME **POCOCK, STUART J. A.**
STREET ADDRESS: **1101 NE FIRST ST**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **D** ☐ DELETE
NAME **ROSE, MICHAEL**
STREET ADDRESS: **808 SE 4TH ST, APT. 17**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **VD** ☐ DELETE
NAME **POCOCK, NEIL A.**
STREET ADDRESS: **431 SAN MARCO DRIVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **T** ☐ DELETE
NAME **POCOCK, STUART J.A.**
STREET ADDRESS: **1101 N.E. FIRST STREET**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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, with all other like empowered.

SIGNATURE:

STUART POCOCK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STUART POCOCK

4-23-99

(954) 557 7277
Date Daytime Phone #

CR2E034 (11/98)