


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

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Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 173495 (3)
1. Corporation Name
SEFKO, INC.



Principal Place of Business
~~2000 SW 3RD AVE.~~
~~STE 000~~
~~MIAMI FL 33130~~
~~US~~

Mailing Address
~~2000 SW 3RD AVE.~~
~~STE 000~~
~~MIAMI FL 33130~~
~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/07/1953	
21 1000 BRICKELL AVE.	26 1000 BRICKELL AVE.	4. FEI Number 59-6071507		Applied For Not Applicable	
22 SUITE 900	27 SUITE 900	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 MIAMI FL	28 MIAMI FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33131	25 USA	29 33131		30 USA	
24 33131		25 USA		29 33131	
25 USA		29 33131		30 USA	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATION COMPANY OF MIAMI 201 S. DISCAYNE BLVD. 1500 MIAMI CENTER MIAMI FL 33131		81 Name STEPHEN L. PERRONE	
		82 Street Address (P.O. Box Number is Not Acceptable) 1000 BRICKELL AVE.	
		83 SUITE 900	
		84 City MIAMI	
		85 Zip Code FL 33131	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVANT, KATHERINE G. 2405 ARDSON PLACE #803A TAMPA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTAD PERRONE, STEPHEN L 2000 SW 3RD AVE, STE 000 MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AVANT-REIK, JACQUELINE 44 SHAW LANE FT. THOMAS KY	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FUENTE, JOSE E. 8950 SW 156 ST MIAMI FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

STEPHEN L. PERRONE 2/25/98 305-379-7100

CR2E034 (10/97)