

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 501750 (4)

1. Corporation Name
S.E.T. INCORPORATED



Principal Place of Business: 4951 TAMiami TRAIL, NORTH, #1 NAPLES FL 33940
Mailing Address: 4951 TAMiami TRAIL, NORTH, #1 NAPLES FL 33940

3. Date Incorporated or Qualified: 04/07/1976
3a. Date of Last Report: 10/13/1995
4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: Not Applicable, \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

MORRIS, WILLIAM G., ESQ.
247 N. COLLIER BLVD, #202
MARCO ISLAND FL 33937

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

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS
 TITLE: PST, NAME: VENEZIALE, JOAN, STREET ADDRESS: 660 3RD ST. NORTH, CITY-ST-ZIP: NAPLES FL 33940
 TITLE: VP, NAME: VENEZIALE, CARMAN, STREET ADDRESS: 660 3RD ST. NORTH, CITY-ST-ZIP: NAPLES FL 33940
 TITLE: D, NAME: VENEZIALE, JOAN, STREET ADDRESS: 660 3RD ST. NORTH, CITY-ST-ZIP: NAPLES FL 33940
 TITLE: D, NAME: VENEZIALE, CARMAN, STREET ADDRESS: 660 3RD ST. NORTH, CITY-ST-ZIP: NAPLES FL 33940
 TITLE: [DELETED], NAME: [DELETED], STREET ADDRESS: [DELETED], CITY-ST-ZIP: [DELETED]
 TITLE: [DELETED], NAME: [DELETED], STREET ADDRESS: [DELETED], CITY-ST-ZIP: [DELETED]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP
 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP
 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP
 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP
 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP
 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [Signature] "Carmen Venezia" V.P. 1/16/96 971-434-8443
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)