

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

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Feb 25 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 # **853341** (6)
1. Corporation Name
SECO EAST COAST, INC.

Principal Place of Business THREE LAKEWAY: 3838 N. CAUSEWAY BLVD. SUITE 2200 METAIRIE LA 70002	Mailing Address THREE LAKEWAY: 3838 N. CAUSEWAY BLVD. SUITE 2200 METAIRIE LA 70002
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 07/01/1982
25		30		4. FEI Number 72-0627047 Applied For Not Applicable
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (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 CRESCI, ROBERT J 5200 CEDAR CREST BLVD. HOUSTON TX	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D FRACASSI, PHILIP 100 KING STREET WEST HAMILTON, ONTARIO CANADA L8N 4J6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEGNAN, JAMES J 5200 CEDAR CREST BLVD. HOUSTON TX	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	P/D CHISTE, ROBERT M. 5151 SAN FELIPE STE 1600 HOUSTON, TX. 77056-3609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUSA, DAVID 18318 ACAPULCO DR HOUSTON TX 77040	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D WOODCROFT, JOHN 100 KING STREET WEST HAMILTON, ONTARIO CANADA L8N 4J6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANDRY, BRYAN A 813 WILLOW OAK LANE MANDEVILLE LA	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	S RAMIREZ, MICHAEL W. 5151 SAN FELIPE STE 1500 HOUSTON, TX 77056-3609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLIS, H. PAT 5200 CEDAR CREST BLVD HOUSTON TX 77087	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	S SOULE, COLIN 100 KING STREET WEST HAMILTON, ONTARIO CANADA L8N 4J6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERRONE, FRANK 5200 CEDAR CREST BLVD. HOUSTON TX 77087	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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:  BRYAN A. LANDRY 2/18/98 (504) 834-8100

CR2E034 (10/97)