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Secretary of State

03-05-1999 90083 029 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F93000004046

1. Corporation Name
SEMCO ENTERPRISES, INC.



Principal Place of Business
**11 FLORHAM AVENUE
 EAST HANOVER NJ 07936**

Mailing Address
**PO BOX 147
 WINTER PARK FL 32790
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/23/1993

4. FEI Number
22-3169794

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
21 702 MAITLAND AVE

2a. Mailing Address
26 ~~702 MAITLAND AVE~~

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
28 WINTER PARK, FLORIDA

24 Zip
32701

25 Country
USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent
**HODGES, SUSAN
 1309 RAIN TREE PL
 WINTER PARK FL 32789**

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

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

TITLE DELETE

NAME **CD HODGES, SUSAN**

STREET ADDRESS **2508 MOHAWK TRAIL**

CITY-ST-ZIP **MAITLAND FL**

TITLE DELETE

NAME **PS SNOWDEN, CHERYL**

STREET ADDRESS **1125 SEAFARER LANE**

CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS **1309 Rain Tree Place**

1.4 CITY-ST-ZIP **WINTER PARK FL 32790**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

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 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, with all other like empowered.

SIGNATURE: **[Signature]** **2/19/99** **407.830.5400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)