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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F93000005930 (3)**

1. Corporation Name

SES PROPERTIES, INC.



Principal Place of Business

Mailing Address

**4801 WE CAHRELESTON
250
LAS VEGAS NV 89102
US**

**4801 W CAHRELESTON
250
LAS VEGAS NV 89102-1548
US**

2. Principal Place of Business

2a. Mailing Address

21 3250 N Tenaya Way

26 3250 N Tenaya Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 112

27 Suite 112

City & State

City & State

23 Las Vegas, NV 89129

28 Las Vegas, NV 89129

Zip

Country

Zip

Country

24

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input type="checkbox"/> DELETE
NAME	STUNKEL, SHELDON E	
STREET ADDRESS	4801 W CHALRESTON	
CITY- ST- ZIP	LAS VEGAS NV	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	STUNKEL, SALLY M	
STREET ADDRESS	4801 W CHARLSTON	
CITY- ST- ZIP	LAS VEGAS NV	
TITLE	PDS	<input type="checkbox"/> DELETE
NAME	SHAPIRO, LEE A	
STREET ADDRESS	4801 W CAHRELESTON	
CITY- ST- ZIP	LAS VEGAS NV	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	STUNKEL, ROBERT V	
STREET ADDRESS	4801 W CHALRESTON	
CITY- ST- ZIP	LAS VEGAS NV	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0500675

CR2E034 (9/96)