

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

FILED

**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
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DOCUMENT # F93000005930 (3)

1. Corporation Name
SES PROPERTIES, INC.



Principal Place of Business 4801 WE CAHRELESTON 250 LAS VEGAS NV 89102 US	Mailing Address 4801 W CAHRELESTON 250 LAS VEGAS NV 89102-1548 US
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3. Date Incorporated or Qualified 12/29/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 36-3409656	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3250 N Tenaya Way	2a. Mailing Address 26 3250 N Tenaya Way
Suite, Apt. #, etc. 22 Suite 112	Suite, Apt. #, etc. 27 Suite 112
City & State 23 Las Vegas, NV 89129	City & State 28 Las Vegas, NV 89129
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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: _____ DATE: **1/24/97** DAYTIME PHONE: _____

CR2E034 (9/96)