

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:25

DOCUMENT # **G00070** (4)
1. Corporation Name
SEFFER BROTHERS, INC.

Principal Place of Business Mailing Address
13794 NW 4TH ST. SUITE 202 SUNRISE FL 33325

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/15/1982** 3a. Date of Last Report **01/25/1994**
4. FEI Number **59-2219789** Applied For Not Applicable
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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 24. Country 25. Zip 29. Country 30.

9. Name and Address of Current Registered Agent
**SEFFER, DAVID
13794 NW 4TH STREET
SUITE 202
SUNRISE FL 33325**

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

12. OFFICERS AND DIRECTORS	
TITLE	PSD
NAME	SEFFER, DAVID
STREET ADDRESS	13794 N.W. 4TH STREET, SUITE 202
CITY - ST - ZIP	SUNRISE FL
TITLE	VD
NAME	SEFFER, FREDDA
STREET ADDRESS	13794 N.W. 4TH STREET, SUITE 202
CITY - ST - ZIP	SUNRISE FL
TITLE	TD
NAME	WIEN, KENNETH
STREET ADDRESS	10772 LA PLACIDA DR #104
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	VD
NAME	KOPONEN, DON
STREET ADDRESS	430 NO COMMODORE DR #215
CITY - ST - ZIP	PLANTATION FL
TITLE	VD
NAME	WIEN, LARS
STREET ADDRESS	7071 SW 41 PL
CITY - ST - ZIP	DAVIE FL
TITLE	
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
12 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NO LONGER EMPLOYED OR OFFICER
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD WIEN, KENNETH
3.3 STREET ADDRESS	7071 SW 41 PLACE
3.4 CITY - ST - ZIP	DAVIE, FL 33314
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VD WIEN, LARS
5.3 STREET ADDRESS	19342 NW 11 ST
5.4 CITY - ST - ZIP	PEMBROKE PINES, FL 33029
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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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: **KENNETH E. WIEN** 2-14-95 305-846-1975
DATE: _____