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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 05 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G24589

(5)

S.I.E. INCORPORATED					1
Principal Place of Business 8428 LAKE WORTH ROAD 8414 LAKE WORTH RD. LAKE WORTH FL 33463		Mailing Address 6428 LAKE WORTH ROAD LAKE WORTH FL 33463-3008 US	6428 LAKE WORTH ROAD LAKE WORTH FL 33463-3008		
US		••		3. Date Incorporated or Qualified 02/17/1983	3a. Date of Last Report 05/01/1996
	ace of Business	2a. Mailing Address		4. FEI Number 59-2269988	Applied For
Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #, etc.		Not Applicable \$8,75 Additional
22 27				5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country	Z _(p)	Country .	8. This corporation has liability for in Florida Statutes	ntangibl å ta x under s. 199.032, I Yes II No
24	9. Name and Address of Curre		<u> </u>	10. Name and Address of New Reg	
solomon, Stephen A. BI Name) omon Stephen A					
6414 LAKE WORTH RD. B2 Street Address				(P.Ø. Box Number is Not Accept A	e)
LAKE WORTH FL 33483				& lake worth K	<u>d</u>
			183 / Ca Ke	- Whith	
			84 City	01.1-0140	E 85 ZiQ Code >
\$1 Durayant	to the provisions of Spotions 607.05	02 and 607 1509 Florida Statulos	the shows remed core	coration submits this statement for the ru	FL °° '33763
office or re	egistered agent, or both, in the State	o of Florida. Such change was aut	therized by the corporal	poration submits this statement for the pation's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	in antiliar with, and according	gallons of, Section 607.0305, Float	toppen A	Solomon	468197
Stonature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sig				red when reinstating)	DAY
12.	OFFICERS AN	ND DIRECTORS DELETE	13. 1.1 TRUE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	SOLOMON, STEPHEN A.	L.J. CALLETE	12 NAME		CT Change CT Addition
STREET ADDRESS	6428 LAKE WORTH ROAD		13 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		1.4 C(TY - ST - Z)P		
TITLE	٧T	DELETE	2.1 TOTLE		Change Addition
NAME	SOLOMON, DALE C.		2.2 NAME		
STREET ADDRESS	6428 LAKE WORTH ROAD		2.3 STREET ADDRESS		ļ
CITY-ST-ZIP	LAKE WORTH FL	DELETE	2.4 CITY - ST - ZIP	<u></u>	Ohongo E Addito
TITLE NAME		T PIETE IS	3.1 VITE 3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. Chy-S1-ZIP		
TITLE	······································	☐ DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Dates	4.4 CITY-ST-7IP		
TITLE		☐ D£LETE	517ITLE		Change Addition
NAME etecty appered			5.2 NAME		
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CHTY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		-
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 Crty - 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 eath; 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.					