


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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # G91534 (9) 1. Corporation Name SEBRA INDUSTRIES, INC.		



DO NOT WRITE IN THIS SPACE

Principal Place of Business 505 DELTONA PLAZA SUITE 101B DELTONA FL 32725	Mailing Address 505 DELTONA PLAZA SUITE 101B DELTONA FL 32725
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3. Date Incorporated or Qualified 03/15/1984	4. FEI Number 59-2360568	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 505 Deltona Blvd Suite, Apt. #, etc. 22 104 City & State 23 Deltona, Florida Zip 24 32725	2a. Mailing Address 26 Same as # 2 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 25 USA 30
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9. Name and Address of Current Registered Agent SHALETT, CHARLES 505 DELTONA BLVD. SUITE 104 DELTONA FL 32725	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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEOLZ, HAROLD	1.2 NAME	Geolz, Harold
STREET ADDRESS	210 SECATOGUE LN.	1.3 STREET ADDRESS	33 Wintercross Lane
CITY-ST-ZIP	W. ISLIP NY	1.4 CITY-ST-ZIP	East Northport, N.Y. 11731
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHER, JAMES J.	2.2 NAME	Maher, James J.
STREET ADDRESS	247 COLUMBUS AVE	2.3 STREET ADDRESS	505 Deltona Blvd Suite 104
CITY-ST-ZIP	OCEANSIDE NY	2.4 CITY-ST-ZIP	Deltona, FL 32725
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHALETT, CHARLES	3.2 NAME	Shallett, Charles
STREET ADDRESS	RT. 1, 915 MARCY DR	3.3 STREET ADDRESS	505 Deltona Blvd Suite 104
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP	Deltona, FL 32725
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* **CHARLES SHALETT** 1/9/98 (407) 574-6601

CR2E034 (10/97)