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PROFIT -**CORPORATION** ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **H96246**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90071 026 ***150.00

SEGIA, INC.									
	1600	A							
Principal Place	e of Business	Mailing Address							
Principal Place of Business 1938 LAKE GENEVA DR. S. FEDITIAL HWY LAKE WORTH FL-33461 FL 33.460 Mailing Address Mailing Address LAKE GENEVA DR. LAKE WORTH FL 33461						DO NOT WRITE IN THIS	SPACE		
12 33 100						3. Date Incorporated or Qualifed			
						01/28/1986			
2 Deinsinal D	lace of Business	2a. Mailing Address	_			4, FEI Number	1	Appl	ed For
\neg $//\sim$	C. Ecolocal Aury	. — -				59-2636116		—	Applicable
21 / / / / O Suite, Apt.	# ats	Suite, Apt. #, etc.	_		· · · · · ·	39 2030 110	\$8.7		ditional
22	_ > > > > = =	27			7 a	5. Certifcate of Status Desired		e Requ	
City & Stat	o worth FL	City & State				6. Election Campaign Financing Trust Fund Contribution		00 M	- 1
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year In	tangible		
24 33	760 ₂₅	29	30			Personal Property Tax.	Yes		No
-1	9. Name and Address of Current					10. Name and Address of New Registered	Agent		
				81	Name				
	ainen, Harri		}	82	Street Add	ress (P.O. Box Number is Not Acceptable)			
	B LAKE GENEVE DRIVE				01100171001	, , , , , , , , , , , , , , , , , , , ,			
LAKI	E WORTH FL 33461			83					
			•	84	City		85	Zip Co	de
					-	FL	- I i	٠.	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of registered agent.	of Florida. Such change was a cons of, Section 607.0505, Florida.	authorized orida Statu	i by ti utes.	ne corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint of the purpose of the	intment a	s regis	tered
12.	OFFICERS AND		13.	- Naur	algitatora roquiro	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTOR	S IN 12
TITLE	DPT CITIER AND	DELETE	1.1 111	ΓLE			☐ Cha		Addition
NAME	ASIKAINEN, HARRI		12 NA	ME					
STREET ADDRESS	1338 LAKE GENEVA DR		1.3 ST	REET/	ADDRESS				•
CITY-ST-ZIP	LAKE WORTH FL			TY-ST-					
TITLE	S	☐ DELETE	_	2.1 TITLE			☐ Cha	nge	Addition
NAME	ASIKAINEN, MARJA		2.2 NA	ME					
STREET ADDRESS	1338 LAKE GENEVA DR		2.3 ST	REET/	ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL				. 7ID				
TITLE	DAIL WORTH		2.4 CI	TY-ST					
NAME		☐ DELETE	2.4 CI 3.1 TIT	TY-ST	*ZIF		☐ Cha	nge	Addition
STREET ADDRESS	-	☐ DELETE		TLE	*ZIF	· · ·	☐ Cha	nge	Addition
CITY-ST-ZIP		☐ DELETE	3.1 TIT 3.2 NA	ME	ADDRESS		☐ Cha	nge	Addition
TITLE		☐ DELETE	3.1 TIT 3.2 NA 3.3 ST	ME	ADDRESS	,	☐ Cha	nge	Addition
		☐ DELETE	3.1 TIT 3.2 NA 3.3 ST	TLE NME TREET /	ADDRESS		☐ Cha		Addition Addition
NAME			3.1 TIT 3.2 NA 3.3 ST 3.4. CI	TLE NME TREET / TTY-ST	ADDRESS	,			
			3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 N	TLE ME TREET / TY-ST TLE AMÉ	ADDRESS	,			
NAME			3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4. 2 NV 4.3 ST	TLE ME TREET / TY-ST TLE AMÉ	ADDRESS '-ZIP ADDRESS	,	☐ Cha	inge	Addition
NAME STREET ADDRESS			3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4. 2 NV 4.3 ST	TLE TREET ATE TREET AME TREET ATE TREET ATE	ADDRESS '-ZIP ADDRESS	,		inge	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NV 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST 5.4 CIT	TLE ME TY-ST TLE TY-ST TLE TY-ST TREET TY-ST TY-ST TY-ST TY-ST	ADDRESS -ZIP ADDRESS -ZIP	,	☐ Cha	nge	Addition Addition
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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, with all ether like empowered.

SIGNATURE:

DECTIONS YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR