

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # J48138

(8)

1. Corporation Name

SEFFER ENTERPRISES, INC.



Principal Place of Business

**9445 AEGEAN DRIVE
BOCA RATON FL 33496**

Mailing Address

**9445 AEGEAN DRIVE
BOCA RATON FL 33496**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SEFFER, ASTRID
9445 AEGEAN DR
BOCA RATON 33496**

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 607.0602 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0602, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

14. I do hereby certify that the information supplied in this filing is true and correct, for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated for the annual report or biennial 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 657, Florida Statutes; and that my name appears in Block 12 or Block 13 of changes from a former filing with an address.

SIGNATURE:

Astrid Seffer **Astrid Seffer** **3/27/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)