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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J48138 (8)

1. Corporation Name
SEFFER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

9445 AEGEAN DRIVE
BOCA RATON FL 33496

9445 AEGEAN DRIVE
BOCA RATON FL 33496-6684



3. Date Incorporated or Qualified 12/19/1986
3a. Date of Last Report 04/01/1996

2. Principal Place of Business 21 9445 Aegean Dr Suite, Apt. #, etc. 22 Boca Raton City & State 23 FL. 33496 Zip 24 33496	2a. Mailing Address 26 Suite, Apt. #, etc. 27 Same City & State 28 Zip 29 Country 30	4. FEI Number 59-2751873 Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEFFER, ASTRID
9445 AEGEAN DR
BOCA RATON 33496

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Astrid Seffer PD

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SEFFER, ASTRID	1.2 NAME	
STREET ADDRESS	9445 AEGEAN DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	SEFFER, ERIK H.	2.2 NAME	
STREET ADDRESS	9445 AEGEAN DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	
NAME	SEFFER, HANS ERIK	3.2 NAME	
STREET ADDRESS	22341 BOYACA AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	
NAME	SEFFER, DONNA MARIE	4.2 NAME	
STREET ADDRESS	22341 BOYACA AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - 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 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: Astrid Seffer Astrid Seffer 4/14/97 561-487-3231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)