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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name L86665

S.E.I., INC.

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Jan 21, 1999 8:00am
Secretary of State

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01-21-1999 90032 039 ***150.00



	e of Business	Mailing Address					• • • • • • • • • • • • • • • • • • • •		
163 COLONAD	E CIRCLE	163 COLONADE CIRCLE							
NAPLES FL 34103		NAPLES FL 33940 US				DO NOT WRITE IN THIS SPACE			
U\$.		03			}	3. Date Incorporated or Qualif			
	<i>:</i>					07/03/1990			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				65-0200474		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional
22		27				• • • •			equired
City & Stat	le ·	City & State				6. Election Campaign Financia	^{ng} □		May Be to Fees
Zip	Country	28	Count	rv		Trust Fund Contribution	usront voor le		to rees
24	25	29 3	_	.,		This corporation owes the or Personal Property Tax.	urrent year ir	Yes	□No
24	9. Name and Address of Current		Т.			10. Name and Address of Ne	w Registered		
	- THE A		8	1 N	Name				
	IAEFER, WERNER L.		R	2 S	Street Address	s (P.O. Box Number is Not Acce	entable)		
	COLONADE CIRCLE	•		~ ~	oueer Address	O. DON HUITING TO THOS	placie,		* *** *** ****
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433 <u>434 464</u>						1. A. Marie Lan. 1874 . 1. 4 18 114		_ ., .	
11. Pursuant office or i	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes f Florida. Such change was autl	, the abo norized b	ove-na by the	amed corpora e corporation's	stion submits this statement for its board of directors. I hereby ac	ne purpose o cept the appo	intment as re	egistered
ாழுagent. lja	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statute	es.		क्षा व्यक्ति । साम्यास्थानम् । स	erig diene.		32-13-
SIGNATURE	Signature, typed or printed name of registered agent a	e L. Scha	etue		nature required wh	/ (2 · 3 /	-76	
12.	OFFICERS AND		_						
12.	OF ICENS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECT	ORS IN 12
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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 other like empowered.

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