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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name M06823

(2)

SEVLAP CORP.

FILED
Jan 15 1998 8:00am
Secretary of State

Principal Place of Business	Mailing Address	
915 PALERMO AVE 105 CORAL GABLES FL 33134	915 PALERMO AVE 105 CORAL GABLES FL 33134	DO NOT WRITE, IN THIS SPACE

Suite, Apt. 8, etc. 2 State Apt. 8, etc. 3 State Apt. 8, etc. 4 State Apt. 8, etc. 5 State Apt. 8, etc. 6 State Apt. 8, etc. 6				DO NOT WHITE, IN THIS	STAUL	
2. Maning Address 2. Maning Address 5. Certification of Status Desired Mst Adaptacht Sulfe, Apr. #, etc. 5. Certification of Status Desired St.75 Additional Fee Required City & State 22						
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Suite, Apt. #, etc. 2 State, Apt. #, etc. 2 Cay & State 3 Cay & State 4 Cay & Feel & State 4		28. Mading Address			1	
City & State	21				59-2475477	
City & State 3	Suite, Apt. #, etc.	<u>-</u> ₁			5. Certificate of Status Desired	
2 2 2 2 3 3 3 3 3 3		City & State			6. Election Campaign Financing	\$5.00 May Bo
Zip Country Zip Country Zip 300	23	28				
Personal Property Tax dice June 3 No No No No No No No			Coun	try		• • • • • • • • • • • • • • • • • • • •
MARLIN, GARY R 250 CATALONIA AVE STE 303 CORAL GABLES FL 33134 88 60 Freet Address (P.O. Box Number is Not Acceptable) Freet Address (P.O. Box Number is No	_ ' '	!—¬	20	,	· · · · · · · · · · · · · · · · · · ·	
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## ADDITION SCHANGES ID 303 CORAL GABLES FL 33134 ## City FL 85 Zip Code ## City FL 85 Zi				Name	10.	
CORAL GABLES FL 33134 83				110.110		
## PLEASE STREET ADDRESS OF S			Ţī.	Street A	ddress (P.O. Box Number is Not Acceptable)	
Parameter Para	CORAL GABLES FL 33134					MARKET CONTROL LANGE CO. C.
11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08. Horidis Statutes. The above named composation submits this statement for the purpose of changing its registered agent or both, in the State of Novide 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 607.05.05. Florida Statutes SIGNATURE Signature, types or printed here of rigidated layer at red laked species.				33		
11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08. Horidis Statutes. The above named composation submits this statement for the purpose of changing its registered agent or both, in the State of Novide 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 607.05.05. Florida Statutes SIGNATURE Signature, types or printed here of rigidated layer at red laked species.			l.	NA City		Inc I Zun Codo
### SIGNATURE			'	City	FI	_ 55 710 C000
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DELETE DP	Signature, typed or printed name of registerest agent a	nd litte if applicable (NO)	It Registered	Agent signature re	equired when relistating) DATE	" '
NAME ROSS, ARTHUR E. 12 MAME 31 STREET ADDRESS OTY-ST-ZIP	12. OFFICERS AND D	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
STREET ADDRESS STREET ADDRESS STREET ADDRESS CORAL GABLES FL	TITLE DP	☐ DELETE	111111	F		Change Addition
STREET ADDRESS STREET ADDRESS STREET ADDRESS CORAL GABLES FL	NAME ROSS, ARTHUR E.		1.2 NAM	1E		
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TITLE	00041 040150 51		4			
NAME		31130			The second secon	Chause Addition
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CITY-ST-ZIP			1			
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A 2 NAME	TITLE	DELETE				Change Addition
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A CITY-ST-ZIP						
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STREET ADDRESS 6.3 STREET ADDRESS	***************************************					
	NAME		6.2 NAA	16		
CITY-SI-ZIP 6.4 CITY-SI-ZIP	NAME	_				
14. Thereby certify that the information supplied with this filiper does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME STREET ADDRESS		6.3 STR	EE1 ADDRESS		

indicated on this annual report or supplemental arms report is tue 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 of trusted emphasized to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

11-10

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