

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 OCT 19 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M31857 (9)

1. Corporation Name
SEE MOS, INC.

Principal Place of Business

814 SW 18TH STREET
FT. LAUDERDALE FL 33315

Mailing Address

814 SW 18TH STREET
FT. LAUDERDALE FL 33315

2. Principal Place of Business

21 5153 N.W. 49th Ave.

Suite, Apt. #, etc.

City & State

23 Coconut Creek, FL

Zip

24 33073

Country

25 USA

2a. Mailing Address

26 5153 N.W. 49th Ave.

Suite, Apt. #, etc.

City & State

28 Coconut Creek, FL

Zip

29 33073

Country

30 USA

3. Date Incorporated or Qualified

05/09/1986

4. FEI Number

59-2712952

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BACON PAMELA
844 SW 14TH STREET
FT. LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name

Laura Brogan, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

2691 E. Oakland Park Blvd.

83

Suite #102

84 City

Fort Lauderdale,

FL

85 Zip Code

33306

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

Laura Brogan

(NOTE: Registered Agent signature required when reinstating)

DATE

9-11-98

12. OFFICERS AND DIRECTORS

TITLE PDV
NAME BACON, MARCELLINE M.
STREET ADDRESS 814 SW 18TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Bacon, Robert E.
5153 N.W. 49th Ave.
Coconut Creek, FL 33073

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Robert E. Bacon REQUIRED

9/8/98 (954)421-8012

CR2E034 (10/97)