


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

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90024 032 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M57157**

1. Corporation Name  
**SECO SUPPLIES, INC.**



Principal Place of Business C/O SYBIL J. PULVER 4101 S.W. 73RD AVENUE MIAMI FL 33155	Mailing Address C/O SYBIL J. PULVER 4101 S.W. 73RD AVENUE MIAMI FL 33155
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/07/1987**

2. Principal Place of Business 21 <b>445 GRAND BAY DR</b> Suite, Apt. #, etc. 22 <b>PH 1-D</b> City & State 23 <b>KEY BISCAYNE, FL</b> Zip 24 <b>33149</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>P.O. BOX 490983</b> Suite, Apt. #, etc. 27 City & State 28 <b>KEY BISCAYNE, FL</b> Zip 29 <b>33149</b> Country 30 <b>USA</b>
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4. FEI Number  
**59-2832494** 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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**PULVER, SYBIL J.**  
**4101 S.W. 73RD AVENUE**  
**MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name **PULVER, SYBIL J.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**445 GRAND BAY DR, PH 1-D**

83

84 City **KEY BISCAYNE** FL 85 Zip Code **33149**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PULVER, SYBIL J.</b>	
STREET ADDRESS	<b>4101 S.W. 73RD AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> DELETE
NAME	<b>PULVER, MARGO</b>	
STREET ADDRESS	<b>4101 SW 73RD AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DEL ROSARIO, MARY A</b>	
STREET ADDRESS	<b>4101 SW 73RD AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KORSON, PATRICIA M</b>	
STREET ADDRESS	<b>4101 SW 73RD AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>DIR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PULVER, SYBIL J.</b>	
1.3 STREET ADDRESS	<b>445 GRAND BAY DR PH 1-D</b>	
1.4 CITY-ST-ZIP	<b>KEY BISCAYNE, FL 33149</b>	
2.1 TITLE	<b>SECTREAS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PULVER, MARGO</b>	
2.3 STREET ADDRESS	<b>622 DANLEY LANE</b>	
2.4 CITY-ST-ZIP	<b>NESHANIC STATION, NJ 08853</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **4/12/99** DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)