


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90043 036 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000001520**

1. Corporation Name

**S.E.D.S., INC.**

Principal Place of Business

2300 PALM BEACH LAKES BLVD  
SUITE 312  
WEST PALM BEACH FL 33409  
US

Mailing Address

13131 52ND CT N  
ROYAL PALM BEACH FL 33411  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2300 Palm Beach Lakes Blvd	26		03/13/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	Suite # 312	27		65-0733152	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	West Palm Beach	28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24	33409	25	Palm Beach	29	
Country		Country		30	

9. Name and Address of Current Registered Agent

SMITH, SANDRA  
13131 52ND COURT NORTH  
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, SANDRA	1.2 NAME	
STREET ADDRESS	13131 52ND COURT NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, STACY ANN S	2.2 NAME	
STREET ADDRESS	13131 52ND COURT NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MICKESHA OLANA	3.2 NAME	
STREET ADDRESS	13131 52ND COURT NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACEY, JULIET	4.2 NAME	
STREET ADDRESS	109 W SWAN PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNES, ROGER	5.2 NAME	
STREET ADDRESS	6098 FARMERS PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33463	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, OSBOURNE	6.2 NAME	
STREET ADDRESS	13131 52ND COURT NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	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 617, 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: Sandra Smith SIGNATURE REQUIRED 1/22/99 (561) 687-0460  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)