

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

FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000009250 (0)

1. Corporation Name
SESCO INDUSTRIES, INC.

Principal Place of Business: 4800 S.W. 51st STREET BLDG. 106 DAVIE, FL 33314
Mailing Address: 4800 S.W. 51st STREET BLDG. 106 DAVIE, FL 33314

3. Date Incorporated or Qualified: 02/08/1993
3a. Date of Last Report: 01/25/1996

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0389788	Applied For: Not Applicable
22. State Abb. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent SCHWARTZ, SAMUEL 4800 S.W. 51st STREET BLDG. 106 DAVIE, FL 33314	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: FL
--	---

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: SCHWARTZ, SAMUEL STREET ADDRESS: 4800 S.W. 51st STREET, BLDG. 106 CITY-ST-ZIP: DAVIE, FL 33314	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S	NAME: SCHWARTZ, CLAIRE STREET ADDRESS: 4800 S.W. 51st STREET, BLDG. 106 CITY-ST-ZIP: DAVIE, FL 33314	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	NAME: FRANCO, JOSEPH STREET ADDRESS: 4800 S.W. 51st STREET, BLDG. 106 CITY-ST-ZIP: DAVIE, FL 33314	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

900002152849
-04/24/97--01002--010
***165.00

4/22/97

14. I do 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: Samuel Schwartz Samuel Schwartz 04/15/97 (954) 792-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)