

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 MAR -7 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000031548 (9)**

1. Corporation Name

**SETH'S INDIVIDUALIZED MARKETING COMPANY**

Principal Place of Business

**6730 E ROGERS CIR  
BOCA RATON FL 33487**

Mailing Address

**6730 E ROGERS CIR  
BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**04/30/1993**

3a. Date of Last Report

**08/15/1994**

4. FEI Number

**65-0409107**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERGEN, SETH  
6730 E ROGERS CIR  
BOCA RATON FL 33487**

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

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

Signature of agent or principal officer of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

**TITLE** DPST  
**NAME** BERGEN, SETH  
**STREET ADDRESS** 6730 E ROGERS CIR  
**CITY - ST - ZIP** BOCA RATON FL 33487

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**TITLE**

**NAME**

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**CITY - ST - ZIP**

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**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** ☐ Change ☐ Addition

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY - ST - ZIP**

**2.1 TITLE** ☐ Change ☐ Addition

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY - ST - ZIP**

**3.1 TITLE** ☐ Change ☐ Addition

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY - ST - ZIP**

**4.1 TITLE** ☐ Change ☐ Addition

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY - ST - ZIP**

**5.1 TITLE** ☐ Change ☐ Addition

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY - ST - ZIP**

**6.1 TITLE** ☐ Change ☐ Addition

**6.2 NAME**

**6.3 STREET ADDRESS**

**6.4 CITY - ST - ZIP**

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 upon amendment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Printed #)