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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000040120

STREET ADDRESS

S.E. & F. CORP.

Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90022 018 ***150.00

FILED



Principal Place of Business Mailing Address					(1841/48) (118 16168 (110 1611) SEVIL S
3120 W. HALLA	INDALE BEACH BLVD	3120 W. HALLANDALE BEACH B	W. HALLANDALE BEACH BLVD		
607 6 ST.		697 6 STREET HALLANDALE FL 33009 US			
HALLANDALE F US	L 33009				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
₽ -					06/07/1993
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-1964926 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
Zip Country		Zip Country			Trust Fund Contribution Added to Fees
Zip		⊢	Journary		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑No
24	9. Name and Address of Current	29 30			10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent	81	Name	
FITZ	GERALD, SHIRLEY E				
3120 W. HALLANDALE BEACH BLVD 607 6 ST.			82 Street Addre		et Address (P.O. Box Number is Not Acceptable)
			83		
	LANDALE FL 33009		"	ł	The second secon
			84	City	FI 85 Zip Code
5 7 5 5					• • I
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was authori	zed by	the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE					
DIONATORE	Signature, typed or printed name of registered agent		ered Agen	t signature r	e required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP		.1 TITLE		Change Addition
NAME	FITZGERALD, SHIRLEY E		.2 NAME		•
STREET ADDRESS 3120 W. HALLANDALE BEACH BLVD 607 6 ST.			.3 STREET	ADDRESS	s
CITY-ST-ZIP	HALLANDALE FL 33009		4 CITY-S	Γ- ZłP	
TITLE	DS	☐ DELETE 2	2.1 TITLE		☐ Change ☐ Addition
NAME	FITZGERALD, FITZ E	2	.2 NAME		
STREET ADDRESS	1355 NW 159TH AVE	2	.3 STREET	ADDRESS	s
CITY-ST-ŽIP	PEMBROKE PINES FL		4 CITY-S	T-ZIP	
TITLE		☐ DELETE 3	.1 TITLE		☐ Change ☐ Addition
NAME		3	.2 NAME		
STREET ADDRESS		3	.3 STREET	ADDRESS	s
CITY-ST-ZIP	* '	3	.4. CITY-S	T-ZIP	
TITLE		☐ DELETE 4	.1 TITLE		☐ Change ☐ Addition
NAME.		4	. 2 NAME		
STREET ADDRESS		4	.3 STREET	ADDRESS	s
CITY-ST-ZIP		4	4 CITY-S	T-ZIP	·
TITLE		DELETE 5	.1 TITLE		☐ Change ☐ Addition
NAME		5	2 NAME		
STREET ADDRESS		5	3 STREET	FADDRESS	s
CITY-ST-ZIP		5	4 CITY-S	r-zip	
TITLE					
I IIILE I		☐ DELETE 6.	.1 TITLE		☐ Change ☐ Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP