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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400009794

1. Corporation Name

SE-ACE INNOVATIONS, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90222 047 \*\*\*158.75



	e of Business	Mailing Address										
1304 SW 160TH	1 AVENUE	1304 SW 160TH AVENUE										
SUITE 443		SUITE 443						DO NOT ME	.+c.in Tuio	CDACE		
SUNRISE FL 33	326	Sunrise FL 33326 US				O Coto I	<del></del>	DO NOT WR		SFACE		<del></del> -
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2. Principal P	lace of Business	2a. Mailing Address					469445					
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifo	cate of Sta	itus Desired	X	•	a Ada Regui	I
22		27										———
City & State	e .	City & State						ign Financing			<b>)0</b> Ma ed to F	
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Zip ├──	Country	Zip		unuy		1	orporation nal Prope	owes the cui	rent year inta	Yes	V	No
24	25	29	30				<u>-</u> _	rry rax. Iress of New	Registered			
	9. Name and Address of Current	Registered Agent		81 N	Name	10, Name	anu Auc	11033 (1104	Registered	-gent		
COB	PORATION SERVICE COMPANY			10.1	101110							
	HAYS ST.			82 S	Street Addr	ess (P.O. Bo	x Number	is Not Accep	table)		_	
	LAHASSEE FL 32301			== -								
	DAILAGOEL LE GEGOT		•	83								ì
•	•			84 C	City					85 2	ip Coc	Je et
					•				<u> </u>			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the a	above-n	amed corp	oration subm	its this sta	tement for the	e purpose of	changing	its reg	gistered tered
office or r agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida. Such change was a ons of, Section 607.0505, Flo	utnorize rida Stat	tutes.	a corporatio	on's board of	directors.	· nereby acc	spi tile appoil	ilineni a	s regio	ieieu
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent sig	gnature required	d when reinstating			DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITI	ONS/CHA	NGES TO O	FFICERS AN		TORS	IN 12
TITLE	Ď.	[ ] DELETE										
****	<b>Γ</b>	☐ DELETE	1.1 T	MLE		LES IDE	U )			Chan	ge	Addition
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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

NATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

E Y/

954 584-9525

Daytime Phone #