SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMBURT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POSOCOTOGO (O)

APPROVED

97 JUL 21 AM 8: 32

SECRETARY OF STATE TALL AHASSEE, FLORIDA

P.J.P. EN		# P99000 SES, INC.		2323 (9)							
Principal Place of Business				Mailing Address					81111 83114 88111 88 111 8811			
18321 US HWY 18 N BLDG C. STE 404 CLEARWATER FL 34624			19 Bl	19321 US MWY 19 N BLDG C, STE 404 CLEARWATER FL 34824					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report			
								09/21/1995	d or Qualified 3	9, Date of Last 1	•	
2. Principal Place of Business				Mailing Address			·-	4. FEI Number			Applied For	
21				26				59-3339152	<u> </u>	h	Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Stat		\$8.75	Additional Required	
City & State				City & State				6. Election Campaig	gn Financing	\$5.00	D May Be	
23			28	· · · · · · · · · · · · · · · · · · ·				Trust Fund Contri	ibution	Added	l to Fees	
Zip	, · ——, ·		00	Zip Cou 29 33764 30						has paid the current year Intangible le June 30. Yes No		
25 25 9. Name and Address of Current									Personal Property 1ax due June 30. Li Yes Li No 10. Name and Address of New Registered Agent			
PORV	/AZNIK, P					81	Name					
2333 FEATHERSOUND DR C-310 CLEARWATER FL 34622						62		oddress (P.O. Box Numbor i				
							#820	9 seville Bly 07	/d •			
						84	City			FL 85 Zip		
11. Pursuant to	the provisi	one of Sactions 607 05	02 and 6	07 1508 Florida	Statutes th	o abou	Cle	arwater			624	
office or rep agent. I am	gistered ag i familiar wi	ent, or both, in the Stat th, and accept the obli	le of Florid gations of	da. Such change f, Section 607.050	was author 05, Florida	rized by Statute:	the corp s.	corporation submits this stat oration's board of directors.	Thereby accept the	appointment as	s registered	
SIGNATURE _	Ignature typed	or printed name of registered a	gent and title	il ano cable	(NOII . Heais	stered Ape	 nt signature r	required when reinstating)	D/	ATL		
12.		OFFICERS A	 			13.			IGES TO OFFICERS		RS IN 12	
TITLE	D			DELET	E 1	.1 1111.1				Change	Addition	
NAME		NIK, PAUL J			1	.2 NAME						
STREET ADDRESS 2333 FEATHERSOUND DR, C-3			C-310	110			ADDRESS					
CITY-ST-ZIP	CLEARW	ATER FL 34622		T or co		.4 CITY - S	1 - ZJP	306	188224	lee >=	}	
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STREET ADDRESS												
CITY-ST-ZIP TITLE				DELFT		. 4 CITY - 5 .1 TITLE	51 · ZII'	•———		Change	Addition	
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NAME						.2 NAME						
STREET ADDRESS				6.3 STREET ADDRESS								
CITY-ST-ZIP					■ 6	4 CHY-S	I-ZIP					

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 is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the conformation 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 of an attachment with an address.

PROSINGAT