

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

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90030 041 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000073257**

1. Corporation Name  
**S.E.S. RENOVATIONS, INC.**



Principal Place of Business 1121 7TH AVE. VERO BEACH FL 32960	Mailing Address 1121 7TH AVE. VERO BEACH FL 32960
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>326 15TH AVENUE</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 651245</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>09/22/1995</b>	4. FEI Number <b>65-0575294</b>	Applied For Not Applicable
22 City & State <b>VERO BEACH, FL</b>	27 City & State <b>VERO BEACH, FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
23 Zip <b>32962</b>	28 Zip <b>32965</b>	29 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24		25		26
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9. Name and Address of Current Registered Agent <b>SHREVE, SANDY E</b> <del>1121 7TH AVE.</del> <del>VERO BEACH FL 32960</del>		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable) <b>326 15TH AVENUE</b>		
83	84 City <b>VERO BEACH</b> FL 85 Zip Code <b>32962</b>		

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BONDY, WILLIAM R.</b>	1.2 NAME	<b>SHREVE, SANDY</b>
STREET ADDRESS	<b>2145 RIVER ROAD S.</b>	1.3 STREET ADDRESS	<b>326 15TH AVENUE</b>
CITY-ST-ZIP	<b>MELBOURNE BEACH FL</b>	1.4 CITY-ST-ZIP	<b>VERO BEACH, FL 32962</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a l other like empowered.

SIGNATURE: Sandy Shreve **RECEIVED** Date: 4-26-99 Daytime Phone #: 561-567-4925

CR2E034 (11/98)