


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

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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000022704 (6)			
1. Corporation Name SEMCO MANUFACTURING CORPORATION			
Principal Place of Business 2200 N. FLORIDA MANGO ROAD SUITE 7 W. PALM BEACH FL 33409		Mailing Address 2200 N. FLORIDA MANGO ROAD SUITE 7 W. PALM BEACH FL 33409-6449	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	
9. Name and Address of Current Registered Agent KLINGENBERG, RAYMOND 225 29TH STREET W. PALM BEACH FL 33407		10. Name and Address of New Registered Agent 81 Name SICCARDI, ARTHUR J 82 Street Address (P.O. Box Number is Not Acceptable) 2200 NORTH FLORIDA MANGO ROAD #7 83 84 City WEST PALM BEACH FL 85 Zip Code 33409	
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 ARTHUR J. SICCARDI <i>Arthur J. Siccardi</i> DATE 04/16/97 <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>Typed or printed name of registered agent and title if applicable</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KLINGENBERG, TODD R 225 29TH STREET W. PALM BEACH FL 33407 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	VP KLINGENBERG, TODD R 2200 NORTH FLORIDA MANGO ROAD #7 WEST PALM BEACH, FL 33409 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SICCARDI, ARTHUR 656 N.W. 12TH TERRACE BOCA RATON FL 33488 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	V SICCARDI, ARTHUR J 2200 NORTH FLORIDA MANGO ROAD #7 WEST PALM BEACH FL 33409 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	P MARTIN, PHIL 2200 NORTH FLORIDA MANGO ROAD #7 WEST PALM BEACH, FL 33409 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 my address.			
SIGNATURE: ARTHUR J. SICCARDI <i>Arthur J. Siccardi</i>		DATE 04/16/97 (561) 688-5000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (9/96)