

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

**FILED**

**May 20 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 # P96000058177 (2)**

1. Corporation Name  
**SEJ ENTERPRISES, INC.**



Principal Place of Business  
**2100 PARK CENTRAL BLD. NO. STE 800  
POMPANO BEACH FL 33064**

Mailing Address  
**2100 PARK CENTRAL BLD. NO. STE 900  
POMPANO BEACH FL 33064**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified <b>07/08/1996</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number <b>65-0686178</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KLEIN, THEODORE J ESQ.  
16855 NE 2ND AVENUE STE 301  
NO MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81 Name  
**Premier Asset Management, Inc.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2100 Park Central Blvd. North**

83  
**Suite 900**

84 City  
**Pompano Beach, FL**

85 Zip Code  
**33064**

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 of record 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 **05/16/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DP</b>
1.3 STREET ADDRESS	<b>Erwin Sredni</b>
1.4 CITY-ST-ZIP	<b>2100 Park Central Blvd., North Pompano Beach, FL 33064</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DVTS</b>
2.3 STREET ADDRESS	<b>Jack Azout</b>
2.4 CITY-ST-ZIP	<b>3049 NE 163 Street N. Miami Beach, FL 33160</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>DVA</b>
3.3 STREET ADDRESS	<b>Isaac Sredni</b>
3.4 CITY-ST-ZIP	<b>3049 NE 163 Street N. Miami Beach, FL 33160</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DV</b>
4.3 STREET ADDRESS	<b>Saul Gilinski</b>
4.4 CITY-ST-ZIP	<b>2525 Davie Rd., Ext., Ste 320 Davie, FL 33317</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>V</b>
5.3 STREET ADDRESS	<b>Sharon A. O'Reilly</b>
5.4 CITY-ST-ZIP	<b>2100 Park Central Blvd. N Pompano Beach, FL 33064</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 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.

SIGNATURE \_\_\_\_\_

CFR2E034 (9/96)