

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000085343

1. Corporation Name

S & E CONSULTING GROUP, INC.

Principal Place of Business

949 E. CYPRESS CREEK ROAD  
SUITE 200  
FORT LAUDERDALE FL 33334

Mailing Address

949 E. CYPRESS CREEK ROAD  
SUITE 200  
FORT LAUDERDALE FL 33334

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

04-28-1999 90050 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1996

4. FEI Number

64-0719609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 918 E CYPRESS CREEK RD

2a. Mailing Address

26 918 NE 62 ST

Suite, Apt. #, etc.

22 SUITE 200

Suite, Apt. #, etc.

27 STE. 200

City & State

23 FT LAUDERDALE FL

City & State

28 FT LAUDERDALE FL

Zip

24 33334

Country

25 USA

Zip

29 33334

Country

30 USA

9. Name and Address of Current Registered Agent

DELUCA, STEFANIE  
949 E. CYPRESS CREEK ROAD  
SUITE 200  
FORT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name

DE LUCA, STEFANIE

82 Street Address (P.O. Box Number is Not Acceptable)

918 E CYPRESS CREEK RD

83 Suite, Apt. #, etc.

STE 200

84 City

FT LAUDERDALE

FL

85 Zip Code

33334

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
DELUCA, STEFANIE  
STREET ADDRESS  
5216 NE 6TH AVE #3A  
CITY-STATE-ZIP  
OAKLAND PARK FL 33334

TITLE ☐ DELETE

NAME  
DELUCA, ANASTASIA  
STREET ADDRESS  
5216 NE 6TH AVE #3A  
CITY-STATE-ZIP  
OAKLAND PARK FL 33334

TITLE ☐ DELETE

NAME  
DELUCA, EVA  
STREET ADDRESS  
25 CARINA RD  
CITY-STATE-ZIP  
NORTH HAVEN CT 06473

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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:

ANASTASIA A. DELUCA

7/26/99 (954) 958-9758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)