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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000090526 (0)

SESU, INC.

Mailing Address

FILED May 08 1997 8:00am Secretary of State



1435 OLD WINT ORLANDO FL 3	ter garden road 2802	4435 OLD WINTER GARDE ORLANDO FL 32811-4240	N ROAD			
				3. Date Incorporated or Qualified 11/04/1996	3a. Date of Last	Report
	lace of Misiness	2a. Mailing Address	***************************************	4. FEI Number		Applied For
170	48 lastlebay Low	26		65-0705029		Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required
Ch & State		City & State		Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
^{ブロ} > ろり	196 25 Palm.	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under Yes No	s. 199.032,
	9. Name and Address of Curre			10. Name and Address of New Reg	jistered Agent	
	MBERGEXCELSIOR CORPORA'		81 Name	Jack Schlossber	19	
4435 OLD WINTER GARDEN ROAD ORLANDO FL 32802			LL	dress (P.O. Box Numbrilis No Acceptable	9 Court	
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			84 City	Doen Hierm	FL 85 Z	Sode 4
1. Pursuant I	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	es, the above-named cor	rporation submits this statement for the pu	urpose of changing	its registerer
agent. Lar	egistered agent, or boin, in the Statem familiar with, and accept the obli	gations of, Section 607.0505, Flo	orida Statutes.	ation's board of directors. I hereby accep	it trie appointment o	as registered
	Wh he	\sim		<u> </u>	1-29-9	7
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4. 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that am 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/97

561-447-0757