

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90016 041 ***150.00

DOCUMENT # P97000006935

1. Corporation Name
SESCO INTERNATIONAL, INC.



Principal Place of Business

~~3121 COMMODORE PLAZA
SUITE 301
MIAMI FL 33133~~

Mailing Address

~~3121 COMMODORE PLAZA
SUITE 301
MIAMI FL 33133~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **1093 SHOTGUN RD.**
Suite, Apt. #, etc.

2a. Mailing Address

26 **1093 SHOTGUN RD.**
Suite, Apt. #, etc.

22

27

City & State

23 **FT. LAUDERDALE, FL**

City & State

28 **FT. LAUDERDALE, FL**

Zip

24 **33326**

Country

~~USA~~

Zip

29 **33326**

Country

30 **USA**

3. Date Incorporated or Qualified

01/24/1997

4. FEI Number

65-0764749

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

9. Name and Address of Current Registered Agent

~~LAFONTISSEE, LOUIS L. JR.
3121 COMMODORE PLAZA
SUITE 301
MIAMI FL 33133~~

10. Name and Address of New Registered Agent

81 Name

MIKE SEGAL

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

83 **1093 SHOTGUN RD.**

84 City

FT. LAUDERDALE

FL

85 Zip Code

33326

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

MIKE SEGAL

1-18-99

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 **PO FARREY, JOHN F**
STREET ADDRESS **1850 NE 146 ST**
CITY-ST-ZIP **MIAMI FL 33181**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **PRESIDENT**

1.3 STREET ADDRESS **MIKE SEGAL**

1.4 CITY-ST-ZIP **1093 SHOTGUN RD.**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **SECRETARY**

2.3 STREET ADDRESS **MARSHALL GRAHAM**

2.4 CITY-ST-ZIP **1093 SHOTGUN RD.**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **TREASURER**

3.3 STREET ADDRESS **MIKE SEGAL**

3.4 CITY-ST-ZIP **1093 SHOTGUN RD.**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **FT. LAUDERDALE, FL 33326**

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 119.07(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:

MIKE SEGAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-99

Date

954-474-9888

Daytime Phone #

CR2E034 (11/98)

0194623