PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000055435

1. Corporation Name

SEVIC CORPORATION

Principal	Place	of Bu	sin	ess

Mailing Address

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90229 012 ***150.00



		2363 NORTH MERIDIAN AVE MIAMI BEACH FL 33140	3 NORTH MERIDIAN AVENUE MI BEACH FL 33140		DO NOT WRITE IN TH	IIS SPACE	·			
					3. Date incorporated or Qualifed 06/24/1997					
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For			
21	• •	26			<u>59-2177058</u>		Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required			
City & State	3 .	City & State			6. Election Campaign Financing Trust Fund Contribution	•	.00 May Be ded to Fees			
Zíp	Country 25	Zip Country		, <u>-</u>	8. This corporation owes the current year Intangible Personal Property Tax. Yes No					
9. Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent				
				81 Name						
WASSERMAN, MARTIN W 2363 NORTH MERIDIAN AVENUE			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)					
MIAMI BEACH FL 33140		83								
			84	City		85	Zip Code			
	· · · · · · · · · · · · · · · · · · ·	1007 4500 51 11 01 11	- 451:				on its registered			
11. Pursuant office or r agent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607.1508, Florida Statute f Florida. Such change was au ons of, Section <mark>607.0</mark> 505, Flori	s, the abov thorized by ida Statutes	e-named co the corpora s.	propration submits this statement for the purpose ation's board of directors. I hereby accept the applications are supported by the support of the support o	pointment a	as registered			
SIGNATURE	,									
	Signature, typed or printed name of registered agent			nt signature requ	uired when reinstating) DATE DATE	AND DIDE	CTODE IN 12			
12. OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRE					
TITLE	PD	☐ DELETE	1.1 TITLE			L Cita	inge Addition			
NAME	WASSERMAN, MARTIN W		1.2 NAME		•		l			
STREET ADDRESS	2363 NORTH MERIDIAN AVENU	E	1.3 STREE	TADDRESS			j			
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CITY-5	ST-ZIP						
TITLE	VD	☐ DELETE	2.1 TITLE			Cha	inge			
NAME	TOLEDO, JACK		2.2 NAME							
STREET ADDRESS	2363 NORTH MERIDIAN AVENU	E .	2.3 STREE	TADORESS)			
CITY-ST-ZIP	MIAMI BEACH FL 33140		2.4 CITY-	ST-ZIP						
TITLE	SD	☐ DELETE	3.1 TTTLE			☐ Cha	inge Addition			
NAME	WASSERMAN, DEBORAH Z		3.2 NAME				ĺ			
STREET ADDRESS	2363 NORTH MERIDIAN AVENU	Ε	3.3 STREE	TADDRESS			\			
CITY-ST-ZIP	MIAMI BEACH FL 33140		3.4. C/TY-	ST-ZIP						
TITLE	The state of the s	☐ DELETE	4,1 TITLE			Cha	inge Addition			
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STRFF	T ADDRESS			l			
CITY-ST-ZIP			4.4 CITY-5							
TITLE		☐ DELETE	5.1 TITLE			☐ Cha	inge			
NAME	. >	• -	5.2 NAME							
STREET ADDRESS	•		5.3 STREE	T ADDRESS			ļ			
1			5.4 CITY-5				1			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Cha	nge Addition			
		بالمدد ب	6.2 NAME		•		-			
NAME			1	T ADDRESS						
STREET ADDRESS	•		64 CITY-5							
CITY_GT_71D	•		■ 04 UHY-3	51-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 shanged, or on an attachment with an address, with all other like empowered.

305-531-8382