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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700067847 (8

FILED Jun 30 1998 8:00am Secretary of State

1. Corporation BEDAS	on Name SEE, INC		J000764	<i>i</i> (0)					
Principal Plan	Principal Place of Business Mailing Address								
·			•						
564 BRIDGE CREEK BLVD. 564 BRIDGE CREEK BLVD. OCOEE FL 34761 OCOEE FL 34761									
OOODE PL 3			OOOLE TE	34101			DO NOT WRITE IN THIS SPACE		
	1						3. Date Incorporated or Qualified		
							08/04/1997		
2. Principal Place of Business 2a. Mailing Address							4. FEI Number . Applied For		
21 26							59-3466189 Not Applicable		
Suite, Apt	, #, e lc.		Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional		
22			27				Fee Required		
City & State			City & St	City & State			6. Election Campaign Financing \$5.00 May Be		
23			28				Trust Fund Contribution L Added to Fees		
Zip	-	Country	Zip		Country	•	This corporation owes or has paid the current year Intangible		
24		25	29]		30		Personal Property Tax due June 30. Yes No		
		e and Address of Cu		ent	81	Name	10. Name and Address of New Registered Agent		
		on service comp	ANY		[61]	Name			
	1201 HAYS STREET					82 Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525					00				
	E .				B3				
	a				84	84 City 85 Zip Code			
<u> </u>							FL 85 Zip Code		
	regi ste red a am fam iliar v	agent, or both, in the Si with, and accept the ob	ate of Florida. Such obligations of, Section	change was au 607.0505, Flor	uthorized by ride Statutes	the corpora	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature type	ed or printed name of registered	Savent and title if equireable	(NO1E	· Registered Age	of signature renu	uired when reinstating) DATE		
12,			AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Ď			DELETE	1.1 TITLE		☐ Change ☐ Addition		
NAME	🔻	BEE, SHARON			1.2 NAME				
STREET ADDRESS		RIDGE CREEK BLVD			1.3 STREET	ADDRESS			
CITY-ST-ZIP COCE FL 34761			•	1,4 CITY-ST-ZIP					
TITLE	- GOOLI	E I E OTIOI		DELETE	2.1 TITLE	1 - 211	Change Addition		
NAME	<u>.</u>			_	2.2 NAME				
STREET ADDRESS	3				2.3 STREET	ADDRECC			
CITY-ST-ZIP				2.4 CITY-ST-ZIP					
TITLE	 			DELETE	3.1 TITLE) (- 4 IF	Change Addition		
NAME	-		_	<u> </u>	3.2 NAME	}	the contract of the contract o		
STREET ADDRESS					3.3 STREET	ADDRESS			
	,				3.4. CITY-S				
CITY-ST-ZIP TITLE	-			DELETE	4.1 TITLE	51 - TLL	☐ Change ☐ Addition		
NAME	5		L-	- p	4. 2 NAME		E Challes		
						ADDDECC			
STREET ADDRESS	F				4.3 STREET				
CITY-ST-ZIP	 			DELETE	4.4 CITY - S	1-219	☐ Change ☐ Addition		
TITLE			L	J OLLETE	5.1 TITLE		C crange C Adoption		
NAME					5.2 NAME				
STREET ADDRESS	1				5.3 STAEET	Ì			
CITY-ST-ZIP	-		····-	I DELETE	5.4 CITY-S	T-ZIP	AL		
TITLE	-		L	DELETE	6.1 TITLE				
NAME					6.2 NAME		-07/01/9801014029)		
STREET ADDRESS					6.3 STREET	ADDRESS	***150.00		
CITY-ST-7IP					64 CITY-ST	T-71P	mmm & Grant Grant		

14. I hereby certify that the information euopticd 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 of supplient all 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 13 if changing or or an attachment with an address.

SIGNATURE: ON WOOD OF SE

4/28/98