PROFIT CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P98000072053

## **FILED** Mar 16, 1999 8:00 am Secretary of State 03-16-1999 90156 044 \*\*\*150.00

1. Corporation MAID-2-S  Principal Place	SEFIVE, INC.	Malling Address					
2464 RIVER REA NAPLES FL 341	ACH DR.	2464 RIVER REACH DR. NAPLES FL 34104			DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed	OF MOL	
					08/17/1998		1
		2a, Mailing Address			4. FEI Number	Apr	xied For
├	lace of Business	<b>├</b> ┐			65-0855/88		Applicable
Suite, Apt.	RIVER REACH AR.	26 2464 RIVE Suite, Apt. #, etc.	<u>Kenc</u>	H_DR.	5. Certificate of Status Desired	\$8.75 A	dditional
City & State		City & State			6. Election Campaign Financing	\$5.00	May Ba
<del>⊢</del> , ′		28 NAPLES	FLORIDA		Trust Fund Contribution	Added to	
23 NAPLE Zip	S FLORIDA Country	ZIP	Count		8. This corporation owes the current year In	tangible	, }
<b></b>		29 34104	30 4.	S.A.	Personal Property Tax.	Yes	⊠No
24 34104	9. Name and Address of Current				10. Name and Address of New Registered	Agent	
PRES	DENT		6	Name			
SMIT	TH, JOVANNA V		<u> </u>	2 Street A	DE AS CURRENT''  ddress (P.O. Box Number is Not Acceptable)		
2464	RIVER REACH DR.		{	2 0,,000			
NAP1	LES FL 34104		8	13			J
ĺ				4 City		85 Zip C	ode
{			1	,	<u>FL</u>	_	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Sta	atutes, the abo	ve-named o	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appo	changing its o	registered
office or r	egistered agent, or both, in the State of	Florida, Such change wa	is authorized t	y the corpo	ustion a positi of disactors. I flateny screbt the obbo	HIGHER GO 105	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		ns of Section 607.0505.	Florida Statut	<del>9</del> 5.			i
L			Florida Statute	<del>0</del> \$.	3-10	-99	\
agent. I a SIGNATURE	My Jackies, typed or printed name of registered spent				guired when reinstating) DATE	-99	} _
L		That the if applicable (N	OTE: Registered A	gent signature /v	3-10	- 99 ND DIRECTO	} _
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	Multiplicable (N	OTE: Registered A	gent signature /v	ADDITIONS/CHANGES TO OFFICERS AL	ND DIRECTO	} _
SIGNATURE	profilers, typed or project name of registered agent.  OFFICERS AND  PRESIDENT  SOVENNE V. SMITH	That the if applicable (N	13. 1.1 TITLE	gent signature <i>r</i> e	ADDITIONS/CHANGES TO OFFICERS AL	- 99 ND DIRECTO	} _
SIGNATURE	professional profe	of the if applicable (N) DIRECTORS DELETE	13. 1.1 TITLE	gent signature <i>r</i> e	Quied when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AT  PROSINENT  TOURNUM V. SMITH  2464 AUGR REACH LR.	ND DIRECTO	} _
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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.