

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

FILED
Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90003 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P98000082260</u>			
1. Corporation Name SES ENTERPRISES, INC			
Principal Place of Business 1802 misty Hollow Ln APEX, NC 27502		Mailing Address SAME	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent AmeriLawyer 343 ALMERIA AVE CORAL GABLES, FL 33134		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable. DATE 5/13/99			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE HARVEY K WATSON <input checked="" type="checkbox"/> DELETE NAME STREET ADDRESS 2132 NATURES GATE COURT CITY-ST-ZIP FERNADINA BEACH, FL 32034		1.1 TITLE DAN O'CONNOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 110 CEDAR POST DR. 1.4 CITY-ST-ZIP CARY, NC 27513	
TITLE ADRIANNE T WATSON <input checked="" type="checkbox"/> DELETE NAME STREET ADDRESS 2132 NATURES GATE COURT CITY-ST-ZIP FERNADINA BEACH, FL 32034		2.1 TITLE SCOTT HALLIHAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 102 BATTERY POINT PLACE 2.4 CITY-ST-ZIP CARY, NC 27513	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE Secretary & TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS DAN O'CONNOR 3.4 CITY-ST-ZIP 110 CEDAR POST DR. CARY, NC, 27513	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE VICE president <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME SCOTT HALLIHAN 5.3 STREET ADDRESS 102 BATTERY POINT PLACE 5.4 CITY-ST-ZIP CARY, NC 27513	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/99

Date

919-656-8522

Daytime Phone #

CR2E034 (11/98)