

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

FILED

**Feb 04 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V58422 (9)

1. Corporation Name
SES ASSOCIATES, INC.



Principal Place of Business: **5358 BUCKHEAD CIR BOCA RATON FL 33486**
Mailing Address: **5358 BUCKHEAD CIR BOCA RATON FL 33486-1406**

3. Date Incorporated or Qualified: **08/14/1992**
3a. Date of Last Report: **01/24/1996**

2. Principal Place of Business: **21 2840 Waters Edge Circle**
2a. Mailing Address: **26 2840 Waters Edge Circle**

4. FEI Number: **65-0333589**
Applied For: Not Applicable

Suite, Apt. #, etc. (Blank)

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23 West Palm Beach, FL**
27. City & State: **28 West Palm Beach, FL**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

Zip: **24 33413** Country: (Blank)
25. Zip: **29 33413** Country: (Blank)

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**GERST, SHARON
5358 BUCKHEAD CIR
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent
81 Name: (Blank)
82 Street Address (P.O. Box Number is Not Acceptable): (Blank)
83 (Blank)
84 City: (Blank) **FL** 85 Zip Code: (Blank)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERST, SHARON	1.2 NAME	
STREET ADDRESS	5358 BUCKHEAD CIR	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Sharon Gerst* **REQUIRED** 1/28/97 561-967-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)