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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V58422

SES ASSOCIATES, INC.

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90104 015 ***150.00

020 110			<u>.</u>					
Principal Plac	e of Business	Mailing Address					#13. #13.	
2840 WATERS EDGE CIR W PALM BEACH FL 33413 US 2840 WATERS EDGE CIR W PALM BEACH FL 33413 US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						08/14/1992		
⊢ ¬	Place of Business	2a. Mailing Address	}			1 ' 1 1 ''	lied For	
Suite, Apt.	# ata	Suite, Apt. #, etc.					Applicable	
22 Suite, Apr.	#, e tc.	27				5, Certificate of Status Desired Fee Req		
City & State City & State						6. Election Campaign Financing \$5.00 N	lav Be	
23 28				Trust Fund Contribution Added to Fees				
Žip	Country Zip					3. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		
24	25 9. Name and Address of Curre	29 29 Agent	30	1		Personal Property Tax. Yes [10. Name and Address of New Registered Agent	□NO	
	5. Hame and Address of Care	nt Registered Agent		81	Name	10. Name and Address of New Registered Agent		
	RST, SHARON			82		(D.O. D., Marchardt M.)		
	8 BUCKHEAD CIR			02	Street Addre	Iress (P.O. Box Number is Not Acceptable)		
ВО	CA RATON FL 33486			83		在大學的一個人,不過過去,所有一個人的一個人的一個人的一個人的 在一個人的一個人的一個人的一個人的一個人的一個人的一個人的一個人的一個人的一個人的		
				84	City	E ■ 85 Zip Co	ode	
office or i	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	authorized	d by i	the corporation	pration submits this statement for the purpose of changing its ren's board of directors. I hereby accept the appointment as regi	egistered stered	
	Signature, typed or printed name of registered age		E: Registered	d Agent	t signature required	when reinstating) DATE		
12.	r	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE	D GERST, SHARON	☐ DELETE	1.1 TI			© m 12 togg ☐ Change	Addition	
NAME CYDEST ADDRESS	5358 BUCKHEAD CIR		1.2 N					
STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL			TREET	ADDRESS			
TITLE	BOOKINGKIE			ITV OT				
NAME				ITY-ST	-ZIP	□ Change	Addition	
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		☐ DELETE	2.1 TI 2.2 No 2.3 ST	ITLE AME TREET	ADDRESS	☐ Change	Addition	
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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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: