

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000040120 (6)

1. Corporation Name
S.E. & F. CORP.



Principal Place of Business	Mailing Address
SE&F CORP 1226 NE 150TH ST MIAMI FL 33161 US	SE&F CORP 1226 NE 150TH ST MIAMI FL 33161 US

3. Date Incorporated or Qualified 06/07/1993	3a. Date of Last Report 03/07/1995
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2. Principal Place of Business	Bch.	2a. Mailing Address
21 3120 W. Hallandale Blvd.		26 3120 W. Hallandale Bch. Blvd.
Suite, Apt. #, etc.		Suite, Apt. #, etc.
22 607 6 St.		27 607 6 St.
City & State		City & State
23 Hallandale Fl.		28 Hallandale Florida
Zip	Country	Zip
24 33009	25 Broward	29 33009
		30 Broward

4. FEI Number	Applied For
59-1964926	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**FITZGERALD, SHIRLEY E
3140 W HALLANDALE BEACH BLVD, LOT 104
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name	FITZGERALD SHIRLEY E.
82 Street Address (P.O. Box Number is Not Acceptable)	3120 W. Hallandale Bch. Blvd.
83	607 6 ST.
84 City	Hallandale
85 Zip Code	FL 33009

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: **S. Shirley E. Fitzgerald (DP)** *Shirley E. Fitzgerald* **17 APR 96**
(NOTE: Registered agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	FITZGERALD, SHIRLEY E	
STREET ADDRESS	3140 W HALLANDALE BEACH BLVD LOT 104	
CITY - ST - ZIP	HALLANDALE FL 33009	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	FITZGERALD, FITZ E	
STREET ADDRESS	1226 NE 150TH ST	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FITZGERALD SHIRLEY E.	
1.3 STREET ADDRESS	3120 W. Hallandale Bch. Blvd. 607 6 St	
1.4 CITY - ST - ZIP	Hallandale FL 33009	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 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		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **SHIRLEY E. FITZGERALD** *Shirley E. Fitzgerald* **17 APR 96** (954) 961-0176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)