

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

FILED

**Feb 24 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 # P95000073316 (8)

1. Corporation Name
S.E.W., INC.



Principal Place of Business: **15550 OKEECHOBEE ROAD W PALM BEACH FL 33470**

Mailing Address: **4111 DATOKA PLACE PALM BEACH GARDEN FL 33418-6502 US**

3. Date Incorporated or Qualified: **09/18/1995**

3a. Date of Last Report: **02/27/1996**

4. FEI Number: **65-0622999**

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

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

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Country

26. Suite, Apt #, etc.

27. City & State

28. Zip Country

29. Zip Country

30. Country

g. Name and Address of Current Registered Agent

X LI, TOM
15550 OKEECHOBEE ROAD
W PALM BEACH FL 33470

10. Name and Address of New Registered Agent

81. Name: **KAM YIP**

82. Street Address (P.O. Box Number is Not Acceptable): **4111 DATOKA PLACE**

83. **PALM BEACH GARDEN**

84. City

85. Zip Code: **FL 33418**

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 607.0516, Florida Statutes.

SIGNATURE: *[Signature]* **2/15/97**

Signature, typed or printed name of registered agent, if applicable: _____

Signature, typed or printed name of registered agent, if applicable: _____

Registered Agent signature required when reinstating: _____

DATE: **2/15/97**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WONG, MICHAEL	
STREET ADDRESS	72 WARREN AVE	
CITY-ST-ZIP	LAKE RONKONKOMA NY 11779	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WONG, DEBBIE	
STREET ADDRESS	72 WARREN AVE.	
CITY-ST-ZIP	LAKE RONKONKOMA NY 11779	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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: *[Signature]* **DEBBIE WONG** **2/15/97** **516-588-8300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E034 (9/96)