


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 15, 1999 8:00 am
Secretary of State
 09-15-1999 90012 008 ***550.00

009297

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K81478
 1. Corporation Name
SERGMAR, INC.

Principal Place of Business MOORINGS PROFESSIONAL BLDG. 2335 TAMiami NORTH. STE. 308 NAPLES FL 33940 US	Mailing Address MOORINGS PROFESSIONAL BLDG. 2335 TAMiami NORTH. STE. 308 NAPLES FL 33940 US
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business	2a Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified
04/17/1989

4. FEI Number
65-0120916

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 owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent

RANKIN, DOUGLAS L.
MOORINGS PROFESSIONAL BLDG.
2335 TAMiami NORTH, STE. 308
NAPLES FL 33940

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

12. OFFICERS AND DIRECTORS

D <input type="checkbox"/> DELETE	1.1 TITLE
NAME BIRSA, SERGIO	1.2 NAME
STREET ADDRESS 2881 SANTA BARBARA BLVD.	1.3 STREET ADDRESS
CITY-ST-ZIP NAPLES FL	1.4 CITY-ST-ZIP
VD <input type="checkbox"/> DELETE	2.1 TITLE
NAME BIRSA, MARIAN	2.2 NAME
STREET ADDRESS 2881 SANTA BARBARA BLVD.	2.3 STREET ADDRESS
CITY-ST-ZIP NAPLES FL	2.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	3.1 TITLE
<input type="checkbox"/> DELETE	3.2 NAME
<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	4.1 TITLE
<input type="checkbox"/> DELETE	4.2 NAME
<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	5.1 TITLE
<input type="checkbox"/> DELETE	5.2 NAME
<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	6.1 TITLE
<input type="checkbox"/> DELETE	6.2 NAME
<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address.

SIGNATURE: Marian Birsa REK/Pres 9-8-99

CR2E034 (5/99)