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

PROFIT CORPORATION\* \( \cdot \) ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

L12514

1. Corporation	MENT # L125 LER MAN SHOP, RFT TR	` '				######################################
Principal Place of Business Mailing Address						IAN BIBN BIQUE ANDIO DIGNI BIBNI PARI
% RICARDO SEAQUIST 417 SOUTH BAY STREET EUSTIS FL 32726		% RICARDO SEAQUIST 417 SOUTH BAY STREET EUSTIS FL 32726				
					3. Date Incorporated or Qualified 3a. ( 08/25/1989	Date of Last Report 04/17/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2961198	Not Applicable	
2		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
3		28		Trust Fund Contribution	Added to Fees	
Ζιρ [ <b>4</b> ]	Country 25	Zip	30 Cou	intry	8. This corporation has flability for intangible Florida Statutes	
:4	9. Name and Address of Curre	29   nt Registered Agent	30	1	Florida Statutes Yes 10. Name and Address of New Register	
	····			81 Name	10.	00 Ng0/ii
SEAQUEST, RICARDO				82 Street Add	ress (P.O. Box Number is Not Acceptable)	
417 SOUTH BAY STREET				Street Add	ress ( . o. Box Hamber is Not Acceptable)	
EUSTIS	S FL 32726			83		
				84 City		85 Zip Code
familiar with	the provisions of Sections 607.050; diagent, or both, in the State of Flor i, and accept the obligations of, Sec Signature, typed or printed name of registered agon	ida. Such change was authoriz tion 607.0505, Florida Statutes	ed by the	corporation's boa	ration submits this statement for the purpose of rd of directors. Thereby accept the appointment	t as registered agent. I am
12.		ID DIRECTORS	13.	1 Agent signature require	id when reinstating: DATI ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.17	TLE	TOOTHORAS OF THE TOOTHORAS	Change Addition
NAME	SEAQUIST, RICARDO		1.2 N	AME		· · · · —
STREET ADDRESS	417 S. BAY STREET		1.3 S	TREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL			ITY - ST - ZIP		
TITLE	OF A OLDOT A ORDER LA		2.11			Change Addition
NAME STREET ADDRESS	417 S. BAY ST.		2.2 N			
CITY-ST-ZIP	EUSTIS FL			TREET ADDRESS ITY-ST-ZIP		
TITLE			3 1 T			Change Addition
NAME	SEAQUIST, JOHN R.	<del></del>		AME		
STREET ADDRESS	1026 E. 10TH AVE.		3 3. 5	TREET ADDRESS		
CITY-ST-ZIP	MT. DORA FL			ITY-ST-ZIP		
TITLE	D	☐ DELETE	4.17	TILE		☐ Change ☐ Addition
NAME	KRAUSE, YVONNE D.		4.2 N	J		
STREET ADDRESS	825 Starbird St. Eustis Fl			TREET ADDRESS		
CITY-ST-ZIP TITLE	EUSTIO FL	□ DELETE	4.4 C(T DELETE 5. 1 T(T			☐ Change ☐ Addition
NAME		_   Dicere	5.1 N			☐ cusinge ☐ Addition
STREET ADDRESS				IREET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		☐ DEL€TE	6.17			Change Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 S	TREET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
certify that t oath; that I	the information indicated on this ann	ual report or supplemental ann pration or the receiver or truste	ual report i e empowe	s true and accura	or the exemption stated in Section 119.07(3)(k), tle and that my signature shall have the same le is report as required by Chapter 607, Florida Sta	nal affect as if made under

SIGNATURE: Correlia A Serguist Correlia A Serquist 4-11-96 352 357-6171