

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

**APPROVED  
AND  
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**95 APR 10 AM 11:31**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # L61859 (9)**

**1. Corporation Name  
SEAMAN DEVELOPMENT CORP.**

**Principal Place of Business**  
11540 HIGHWAY 92 EAST  
101 E. KENNEDY BLVD., SUITE 2000  
SEFFNER FL 33584  
US

**Mailing Address**  
11540 HIGHWAY 92 E.  
101 E. KENNEDY BLVD., SUITE 2000  
SEFFNER FL 33584  
US

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified** 03/29/1990  
**3a. Date of Last Report** 04/20/1994  
**4. FEI Number** 59-3000017  
**5. Certificate of Status Desired**  \$8.75 Additional Fee Required  
**6. Election Campaign Financing**  \$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**  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip Country  
24. Zip Country

**2a. Mailing Address**  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip Country  
29. Zip Country

**9. Name and Address of Current Registered Agent**  
BEYER, DAVID A.  
RUDNICK & WOLFE  
101 E. KENNEDY BLVD., SUITE 2000  
TAMPA FL 33602

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and fee if applicable **DATE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	SEAMAN, JEFFREY RICHAR
<b>STREET ADDRESS</b>	11540 HIGHWAY 92 EAST
<b>CITY - ST - ZIP</b>	SEFFNER FL
<b>TITLE</b>	<b>VD</b>
<b>NAME</b>	PLANCHER, JILL SEAMAN
<b>STREET ADDRESS</b>	11540 HIGHWAY 92 EAST
<b>CITY - ST - ZIP</b>	SEFFNER FL
<b>TITLE</b>	<b>SV</b>
<b>NAME</b>	FINKEL, JEFFREY
<b>STREET ADDRESS</b>	11540 HIGHWAY 92 EAST
<b>CITY - ST - ZIP</b>	SEFFNER FL
<b>TITLE</b>	<b>ST</b>
<b>NAME</b>	STEIN, LEWIS
<b>STREET ADDRESS</b>	11540 HIGHWAY 92 EAST
<b>CITY - ST - ZIP</b>	SEFFNER FL
<b>TITLE</b>	<b>AS</b>
<b>NAME</b>	SCHWARTZ, LARRY
<b>STREET ADDRESS</b>	11540 HIGHWAY 92 EAST
<b>CITY - ST - ZIP</b>	SEFFNER FL
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY - ST - ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY - ST - ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY - ST - ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY - ST - ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY - ST - ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY - ST - ZIP</b>	

**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 110.07(3)(b), 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), upon an attachment with an address.**

**SIGNATURE:** *[Signature]* **LEWIS STEIN** **APR 8 1995** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signer Name)