

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V71353 (9)

1. Corporation Name

SEVILLE BOULEVARD, INC.

Principal Place of Business

4920 ANDROS DRIVE
TAMPA FL 33629
US

Mailing Address

201 E KENNEDY BOULEVARD
SUITE 1400
TAMPA FL 33602
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/15/1992** 3a. Date of Last Report **05/12/1994**

4. FEI Number **59-3149748** Applied For Not Applicable

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

21 **4920 ANDROS DR**

2a. Mailing Address

26 **4920 ANDROS DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Zip **Tampa FL** Country

27 City & State

28 **Tampa FL** Zip **33629** Country **Hillsborough**

9. Name and Address of Current Registered Agent

**O'CONNOR, MYLES W.
4920 ANDROS DRIVE
TAMPA FL 33625**

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

Myles W. O'Connor

(NOTE: Registered Agent signature required when reappointing)

4/25/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	B
NAME	O'CONNOR, MYLES W.
STREET ADDRESS	4920 ANDROS DR.
CITY- ST- ZIP	TAMPA FL
TITLE	D
NAME	LYTLE, MARY P.
STREET ADDRESS	7012 JUD STREET
CITY- ST- ZIP	DALLAS TX
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

Myles W. O'Connor **MYLES W O'CONNOR**

4/25/95 ⁸¹³⁻ **286-8083**
DATE (Include Phone #)