

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Murgans
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02 1996 8:00 am
Secretary of State

DOCUMENT # H74686

(7)

1. Corporation Name:

SEYBIL CORPORATION

Principal Place of Business:

**1325 N. HAVERHILL RD.
W. PALM BCH. FL 33417
US**

Mailing Address:

**1325 N. HAVERHILL RD.
W. PALM BCH. FL 33417
US**



3. Date Incorporated or Qualified 09/05/1985	3a. Date of Last Report 04/19/1995
4. FEI Number 59-2645157	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
Country	Country
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**MCCLOSKEY, GAIL
330 FEDERAL HIGHWAY
LAKE PARK FL**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, family with, and accept the obligations of, Section 607.0504, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	CITY-STATE-ZIP	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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14. I do hereby certify that the information supplied in this report is true and correct and that I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or an attachment with an affidavit.

SIGNATURE: *Seymour Strauch* Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SEYMOUR STRAUCH

(407) 498-2423
(407) 686-8600

CR2E034 (12/95)