## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P96000103922 (6)

SEEMAN REALTY CO., INC. Principal Place of Business Mailing Address 1027 LINCOLN STE B 1027 LINCOLN STE B CENTURY VILLAGE BOCA RATON FL 33434 **BOCA RATON FL 33434** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0726495 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SEEMAN, CHARLES D 81 Name Street Address (P.O. Box Number is Not Ad 1027 LINCOLN STE B 82 **CENTURY VILLAGE** 83 **BOCA RATON FL 33434** 84 City Zip Code 85 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 title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 T(TL) SEEMAN, CHARLES D. NAME 1.2 NAME 1027 LINCOLN B. STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST 1.4 CITY - ST - 2IP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADD 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADORESS 3.3 STREET ADDRESS 34. CITY-SY-ZIP CITY-ST-ZIP DELETE 4.1 TITLE ☐ Addition TITLE uw 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME WAS 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 expowered to execute this lepost 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 a state of the corporation with a s 100 0

**FILED** 

Jan 21 1998 8:00am

Secretary of State