

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

**FILED**

**Mar 11 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000055376 (2)**  
1. Corporation Name  
**THE SEIFERT FUND, INC.**



Principal Place of Business <b>9930 SW 214TH STREET -MIAMI FL 33189</b>	Mailing Address <b>9930 SW 214TH STREET MIAMI FL 33189</b>
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DO NOT WRITE IN THIS SPACE

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

**3.** Date Incorporated or Qualified  
**06/23/1997**

**4.** FEI Number **65-0760546**

**5.** Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6.** Election Campaign Financing Trust Fund Contribution  **NO \$5.00 May Be Added to Fees**

**8.** This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

**9. Name and Address of Current Registered Agent**

**SEIFERT, WALTER L  
9930 SW 214TH STREET  
MIAMI FL 33189**

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SEIFERT, WALTER L MD</b>	
STREET ADDRESS	<b>9930 SW 214TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33189</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

**1.1** TITLE **PRESIDENT**  Change  Addition

**2.1** TITLE **VICE PRESIDENT**  Change  Addition

**2.2** NAME **SONIA SEIFERT**

**2.3** STREET ADDRESS **9930 SW. 214TH ST**

**2.4** CITY-ST-ZIP **MIAMI, FL 33189**

**3.1** TITLE **VICE PRESIDENT**  Change  Addition

**3.2** NAME **OLGA SEIFERT**

**3.3** STREET ADDRESS **9930 SW. 214TH ST**

**3.4** CITY-ST-ZIP **MIAMI, FL 33189**

**4.1** TITLE  Change  Addition

**4.2** NAME

**4.3** STREET ADDRESS

**4.4** CITY-ST-ZIP

**5.1** TITLE  Change  Addition

**5.2** NAME

**5.3** STREET ADDRESS

**5.4** CITY-ST-ZIP

**6.1** TITLE  Change  Addition

**6.2** NAME

**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 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:** Walter Seifert **3/2/98 (305) 256-8159**

CFR2034 (10/97)