

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90019 014 ***158.75

DOCUMENT # P40224

1. Corporation Name
SEYBERT SALES COMPANY

Principal Place of Business
830 N.E. 74TH ST.
BOCA RATON FL 33487

Mailing Address
830 N.E. 74TH ST.
BOCA RATON FL 33487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 4801 LINTON BLVD

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State
23 DELRAY BEACH FL

27 City & State

24 Zip 33445 25 Country USA

29 Zip 30 Country

3. Date Incorporated or Qualified

08/24/1992

4. FEI Number

43-1142326

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ NO

9. Name and Address of Current Registered Agent

SEYBERT, TAMARA K.
830 N.E. 74TH ST.
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name TYE F. VON GUNTEN
82 Street Address (P.O. Box Number is Not Acceptable)
4801 LINTON BLVD.
83 11A-136
84 City DELRAY BEACH FL 85 Zip Code 33445

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input checked="" type="checkbox"/> DELETE
NAME	SEYBERT, WILLIAM E.	
STREET ADDRESS	830 N.E. 74TH ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVC	<input checked="" type="checkbox"/> DELETE
NAME	SEYBERT, TAMARA K.	
STREET ADDRESS	830 N.E. 74TH ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	SEYBERT, TAMARA K.	
STREET ADDRESS	830 N.E. 74TH ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SEYBERT, WILLIAM E.	
STREET ADDRESS	830 N.E. 74TH ST.	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DCP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TYE F VON GUNTEN	
1.3 STREET ADDRESS	1000 N.W. 45TH ST. A-8	
1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064	
2.1 TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TAMARA K. VON GUNTEN	
2.3 STREET ADDRESS	1850 MERIDOC COURT	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303	
3.1 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TAMARA K. VON GUNTEN	
3.3 STREET ADDRESS	1850 MERIDOC COURT	
3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TYE F. VON GUNTEN	
4.3 STREET ADDRESS	1000 N.W. 45TH ST. A-8	
4.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/99 561-638-7677

CR2E034 (11/98)