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 27 AM 7:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **338090** **(4)**

1. Corporation Name
SETAGAYA, INC.

Principal Place of Business	Mailing Address
421 NORTH DIXIE HWY. P.O. BOX 1378 LAKE WORTH FL 33460	421 NORTH DIXIE HWY. P.O. BOX 1378 LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/25/1968
3a. Date of Last Report: 07/28/1994

2. Principal Place of Business
21: 419 No Dixie Hwy
22: Suite, Apt. #, etc.
23: City & State: Lake Worth FL
24: Zip: 33460
25: Country:

2a. Mailing Address
26: PO Box 1378
27: Suite, Apt. #, etc.
28: City & State: ~~FL~~ Lake Worth FL
29: Zip: 33460
30: Country:

4. FEI Number: 59-1283358 ☐ 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

9. Name and Address of Current Registered Agent

NIKANDER,M E
421 NORTH DIXIE HWY DELETE
LAKE WORTH FL

10. Name and Address of New Registered Agent

81 Name: John L. Fable
82 Street Address (P.O. Box Number is Not Acceptable): 419 No. Dixie Hwy.
83:
84 City: Lake Worth FL 85 Zip Code: 33460

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: John L. Fable — 4-21-95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	NIKANDER,M E	1.2 NAME	
STREET ADDRESS	421 N. DIXIE HWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	LAMMI,EDWIN	2.2 NAME	
STREET ADDRESS	508 LUCERNE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	FABLE, JOHN L.	3.2 NAME	
STREET ADDRESS	421 NO. DIXIE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: John L. Fable — 4-21-95 — 407-588-3368
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0699444 CP