

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 16, 1999 8:00 am
Secretary of State

04-16-1999 90059 033 ***150.00

DOCUMENT # 368622

1. Corporation Name

L.E. SEITZ ASSOCIATES, INC.

Principal Place of Business

395 ALHAMBRA CIR.
THIRD FLOOR
CORAL GABLES FL 33134-5003
US

Mailing Address

395 ALHAMBRA CIR.
THIRD FLOOR
CORAL GABLES FL 33134-5003
US

2. Principal Place of Business

21 4141 N.E. 2ND AVE

2a. Mailing Address

26 4141 NE 2ND AVE

Suite, Apt. #, etc.

22 SUITE #103

Suite, Apt. #, etc.

27 SUITE #103

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33137

Country MIAMI-

25 DADE

Zip

29 33137

Country MIAMI-

30 DADE

9. Name and Address of Current Registered Agent

BOWLER, MICHAEL J
COLLEGE PARK CENTER
10585 S.W. 109TH COURT, SUITE 214
MIAMI FL 33176

3. Date Incorporated or Qualified

08/19/1970

4. FEI Number

59-1300594

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

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

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 PD ☐ DELETE

NAME SEITZ, LARRY E

STREET ADDRESS 395 ALHAMBRA CIR., 3RD FLOOR

CITY-ST-ZIP CORAL GABLES FL 33134-5003

TITLE VPS ☐ DELETE

NAME CIGNO, ANGELA

STREET ADDRESS 395 ALHAMBRA CIR., 3RD FLOOR

CITY-ST-ZIP CORAL GABLES FL 33134-5003

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

ANGELA CIGNO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGELA CIGNO, Vice President

3/29/99 305-576-6676

Daytime Phone #

CR2E034 (11/98)