

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **448691** (6)

1. Corporation Name
SEYBOLD BUILDING CORPORATION.



Principal Place of Business: **36TH NE 1ST ST. STE 102 MIAMI FL 33132 US**
Mailing Address: **555 LONG WHARF DR. STE 14 NEW HAVEN CT 06511 US**

3. Date Incorporated or Qualified: **05/15/1974**
3a. Date of Last Report: **04/20/1995**
4. FEI Number: **06-0956104**
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

2. Principal Place of Business: 21 State, Apt., P.O., etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 Suite, Apt., P.O., etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent
**MERRITT, MCDONOUGH E
10160 COLLINS AVE.
SUITE 1021
BAL HARBOR FL 39534**

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 607.0507 and 607.1509, 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 607.0529, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME 12.2 STREET ADDRESS 12.3 CITY, ST., ZIP	PD FUSCO, EDMUND J. 52 YOWAGO AVE BRANFORD CT ST MORRIS, PAUL 63 BEECH RD. GUILFORD CT D D'ADDABBO, MICHAEL 145 RESERVOIR AVE NEW BRITAIN CT VD MCDONOUGH, E. MERRITT 9909 COLLINS AVE. BAL HARBOR FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME 12.5 STREET ADDRESS 12.6 CITY, ST., ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME 12.8 STREET ADDRESS 12.9 CITY, ST., ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME 12.11 STREET ADDRESS 12.12 CITY, ST., ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME 12.14 STREET ADDRESS 12.15 CITY, ST., ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.16 NAME 12.17 STREET ADDRESS 12.18 CITY, ST., ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.19 NAME 12.20 STREET ADDRESS 12.21 CITY, ST., ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 NAME 12.23 STREET ADDRESS 12.24 CITY, ST., ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.25 NAME 12.26 STREET ADDRESS 12.27 CITY, ST., ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.28 NAME 12.29 STREET ADDRESS 12.30 CITY, ST., ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and I am either a duly authorized employee or an attorney-in-fact authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE: *Paul F. Morris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Paul F. Morris, Treasurer
2/22/96 (203) 711-7451

CR2E034 (12/95)