


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

**FILED**  
**Mar 27 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 # 448691 (6)**

1. Corporation Name  
**SEYBOLD BUILDING CORPORATION.**



Principal Place of Business <b>36TH NE 1ST ST.                  STE 102                  MIAMI FL 33132                  US</b>	Mailing Address <b>555 LONG WHARF DR.                  STE 14                  NEW HAVEN CT 06511                  US</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>05/15/1974</b>	
4. FEI Number <b>06-0956104</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>PO</b> <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUSCO, EDMUND J.</b>	1.2 NAME
STREET ADDRESS	<b>52 YOWAGO AVE</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>BRANFORD CT</b>	1.4 CITY-ST-ZIP
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, PAUL</b>	2.2 NAME
STREET ADDRESS	<b>83 BEECH RD.</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>QUILFORD CT</b>	2.4 CITY-ST-ZIP
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D'ADDABBO, MICHAEL</b>	3.2 NAME
STREET ADDRESS	<b>145 RESERVOIR AVE</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>NEW BRITAIN CT</b>	3.4 CITY-ST-ZIP
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCDONOUGH, E. MERRITT</b>	4.2 NAME
STREET ADDRESS	<b>9909 COLLINS AVE.</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>BAL HARBOR FL</b>	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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: \_\_\_\_\_ DATE: **3/13/98** (20227-745)

CFR2E034 (10/97)