

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Selling & Marketing
Securities Division
300 Capitol Mall, Suite 100
Tallahassee, Florida 32399-0001

DOCUMENT # 695780

(7)

SUEMAR DEVELOPMENT CORP.

350 ESSJAY RD. STE. 101
WILLIAMSVILLE NY 14221

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WILLIAMSVILLE NY 14221

APPROVED
AND
FILED
5/11/95 - 1 PM 9:22
SEC. OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Location		2a. Mailing Address		3. Date of Registration / Filing		3a. Date of Last Report	
21		26		07/23/1981		04/26/1994	
22		27		4. Filing Number		Addres. List	
23		28		16-1169951		Not Applicable	
24		29		5. Certificate of Status (Required)		\$8.75 Additional Fee Required	
				6. Election Campaign Financing / Trust Fund Contribution		\$5.00 May Be Added to Fees	
				8. Other Corporate Filings (e.g., 10-K, 10-Q, etc.)		Filing Number(s)	
						Yes ☐ No ☐	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CIMINELLI, FRANK L
3816 W. LINEBAUGH AVE.
TAMPA FL 33688

81. Name	
82. Street Address (or P.O. Box Number, if Not Applicable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, this duly named corporation submits this statement for the purpose of changing its registered office or registered agent or both, at the State of Florida. Such change was authorized by the corporation's board of directors, thereby accepted the appointment as registered agent. I am familiar with and accept the obligations of the new registered agent.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '94	
NAME	PD CIMINELLI, FRANK L. 4994 STRICKLER RD. CLARENCE NY	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. NAME	☐ Change ☐ Addition
CITY	ST CIMINELLI, PAUL F. 89 MAYNARD DR. AMHERST NY	3. NAME	☐ Change ☐ Addition
STREET ADDRESS		4. NAME	☐ Change ☐ Addition
CITY		5. NAME	☐ Change ☐ Addition
STREET ADDRESS		6. NAME	☐ Change ☐ Addition
CITY		7. NAME	☐ Change ☐ Addition
STREET ADDRESS		8. NAME	☐ Change ☐ Addition
CITY		9. NAME	☐ Change ☐ Addition
STREET ADDRESS		10. NAME	☐ Change ☐ Addition
CITY		11. NAME	☐ Change ☐ Addition
STREET ADDRESS		12. NAME	☐ Change ☐ Addition
CITY		13. NAME	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	☐ Change ☐ Addition
CITY		15. NAME	☐ Change ☐ Addition
STREET ADDRESS		16. NAME	☐ Change ☐ Addition
CITY		17. NAME	☐ Change ☐ Addition
STREET ADDRESS		18. NAME	☐ Change ☐ Addition
CITY		19. NAME	☐ Change ☐ Addition
STREET ADDRESS		20. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is true and correct, and that I am qualified to file this report as required by Florida Statutes, and that my name appears on the filing of this report as required by Florida Statutes.

SIGNATURE:

Paul F. Ciminelli
Paul F. Ciminelli

5/11/95

(714) 671-8000