

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **745524** (9)  
1. Corporation Name  
**SEAGULL INDUSTRIES FOR THE DISABLED, INC.**



Principal Place of Business: 3879 W. INDUSTRIAL WAY RIVIERA BCH. FL 33404  
Mailing Address: 3879 W. INDUSTRIAL WAY RIVIERA BCH. FL 33404

3. Date Incorporated or Qualified: 01/11/1979  
3a. Date of Last Report: 04/20/1995  
4. FEI Number: 59-1879968  
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 (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**EISINGER, ALFRED N.  
13763 ALDSWORTH CT.  
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent (81-85)  
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLY, WALTER	
STREET ADDRESS	1036 U.S. HIGHWAY 1 #427	
CITY-ST-ZIP	N PALM BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	FORD, TARA	
STREET ADDRESS	8450 WHISPERING OAKS WAY	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORD, CATHY (DR.)	
STREET ADDRESS	501 26 ST	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LOWE, SUSAN	
STREET ADDRESS	197 OLD COUNTRY RD	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PAULL, RICHARD	
STREET ADDRESS	1566 HOLLYHOCK RD	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	KULP ROBERT	
STREET ADDRESS	763 TRADEWIND DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 4/2/96 DAYTIME PHONE #: 407 842 5814

CR2E037 (12/95)