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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33404-3311

2. Principal Place of Business: 21 3879 BYRON DRIVE, Suite, Apt. #, etc. 22
2a. Mailing Address: 26 3879 BYRON DRIVE, Suite, Apt. #, etc. 27
City & State: 23 RIVIERA BEACH, FL
Zip: 24 33404, Country: 25 USA

3. Date Incorporated or Qualified: 01/11/1979
3a. Date of Last Report: 04/08/1996
4. FEI Number: 59-1879968
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
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, WALTER	1.2 NAME	
STREET ADDRESS	1036 U.S. HIGHWAY 1 #427	1.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, TARA	2.2 NAME	
STREET ADDRESS	8450 WHISPERING OAKS WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, CATHY (DR.)	3.2 NAME	
STREET ADDRESS	501 26 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWE, SUSAN	4.2 NAME	
STREET ADDRESS	197 OLD COUNTRY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULL, RICHARD	5.2 NAME	
STREET ADDRESS	1586 HOLLYHOCK RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	5.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KULP ROBERT	6.2 NAME	D KULP ROBERT
STREET ADDRESS	763 TRADEWIND DRIVE	6.3 STREET ADDRESS	763 TRADEWIND DRIVE
CITY-ST-ZIP	NORTH PALM BEACH, FL	6.4 CITY-ST-ZIP	NORTH PALM BEACH, FL

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

ALFRED N. EISINGER, Executive Director

CR2E037 (9/96)