

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 # **F88111** (2)

1. Corporation Name
BILL SEIDLE IMPORTS, INC.



Principal Place of Business

2900 NW 36TH ST.
2900 NW 36TH STREET
MIAMI FL 33142
US

Mailing Address

2900 NW 36TH ST.
MIAMI FL 33142
US

3. Date Incorporated or Qualified 07/08/1982	3a. Date of Last Report 01/30/1995
4. FEI Number 59-2200654	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**SEIDLE, WILLIAM D
2757 NW 38TH STREET
MIAMI FL 33142**

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 607.02(2) and 607.508, 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 607.505, Florida Statutes.

SIGNATURE

Name, Title, and Address of Officer or Director

Name, Title, and Address of Agent or Other Registered Agent

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p>NAME: S SEIDLE, MICHAEL <input type="checkbox"/> DELETE</p> <p>STREET ADDRESS: 1001 BELLA VISTA AVE.</p> <p>CITY, STATE, ZIP: CORAL GABLES FL DP</p> <p>NAME: SEIDLE, WILLIAM D <input type="checkbox"/> DELETE</p> <p>STREET ADDRESS: 640 SABAL PALM RD.</p> <p>CITY, STATE, ZIP: MIAMI FL</p>	<p>1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>2. NAME</p> <p>3. STREET ADDRESS</p> <p>4. CITY, STATE, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>6. NAME</p> <p>7. STREET ADDRESS</p> <p>8. CITY, STATE, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>10. NAME</p> <p>11. STREET ADDRESS</p> <p>12. CITY, STATE, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>14. NAME</p> <p>15. STREET ADDRESS</p> <p>16. CITY, STATE, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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 included on this corporate report or supplemental 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 Date
JUL-675-700 District Phone #

CR2E034 (12/95)