FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H48434** **(5)**

1. Corporation Name
SEMINOLE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~1521 FOREST HILL BLVD #3~~ WEST PALM BEACH FL 33406	~~1521 FOREST HILL BLVD #3~~ WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/21/1985
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address
21 1497 Forest Hill Blvd.	26 1497 Forest Hill Blvd.
Suite, Apt. #, etc. 22 Suite G	Suite, Apt. #, etc. 27 Suite G
City & State 23 West Palm Beach, FL	City & State 28 West Palm Beach, FL
Zip / Country 24 33406 / 25 USA	Zip / Country 29 33406 / 30 USA

4. FEI Number: 59-2623332 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARP, MICHAEL T. ~~1521 FOREST HILL BLVD #3~~ WEST PALM BEACH FL 33406	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1497 Forest Hill Blvd. 83 Suite G 84 City: West Palm Beach FL 85 Zip Code: 33406

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: _____ 5/1/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	CARP, MICHAEL T.	1.2 NAME	
STREET ADDRESS	1521 FOREST HILL BLVD #3	1.3 STREET ADDRESS	1497 Forest Hill Blvd. Suite G
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33406
TITLE	STD	2.1 TITLE	☒ Change ☐ Addition
NAME	KENNEDY, THOMAS F.	2.2 NAME	
STREET ADDRESS	1521 FOREST HILL BLVD #3	2.3 STREET ADDRESS	1497 Forest Hill Blvd. Suite G
CITY-ST-ZIP	W PALM BCH. FL	2.4 CITY-ST-ZIP	West Palm Beach, FL 33406
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 changed, or on an attachment with an address.

SIGNATURE: _____ 5/1/95 407-434-1300
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0248701 CP