

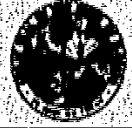
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H74686 (7)
1. Corporation Name
SEYBL CORPORATION

Principal Place of Business Mailing Address
**1325 N. HAVERHILL RD.
3620 LOWSON BLVD
W. PALM BCH. FL 33417
US**

DO NOT WRITE IN THIS SPACE.
3. Date Incorporated or Qualified **09/05/1985**
3a. Date of Last Report **04/15/1994**

2. Principal Place of Business 26. Mailing Address
21. **1325 N. Haverhill Rd** 26. **1325 N. Haverhill Rd**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22. City & State 27. City & State
23. **W.P.B. FL** 28. **W.P.B. FL**
Zip Country 29. **33417 PB** 30. **33417 PB**

4. FEI Number **592645157**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MCCLOSKEY, GAIL
330 FEDERAL HIGHWAY
LAKE PARK FL**

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 607.0502 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restoring) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STRAUCH, SEYMOUR
STREET ADDRESS	3620 LOWSON BLVD.
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	SD
NAME	STRAUCH, MILDRED
STREET ADDRESS	3620 LOWSON BLVD.
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	VP
NAME	STRAUCH, ROBERT S
STREET ADDRESS	2120 AMESBURY CIR.
CITY - ST - ZIP	WELLINGTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Seymour Strauch **4/14/95** (407) 686-8600
(Signature Required)
SEYMOUR STRAUCH PRES.