

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02 1996 8:00 am
Secretary of State

DOCUMENT # **H74686**
1. Corporation Name
SEYBIL CORPORATION

(7)



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

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country; 25
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

3. Date Incorporated or Qualified: **09/05/1985** 3a. Date of Last Report: **04/19/1995**
4. FEI Number: **59-2645157**
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: **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; 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, family with, and accept the obligations of, Section 607.0504, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STRAUCH, SEYMOUR	
STREET ADDRESS	3620 LOWSON BLVD.	
CITY-STATE-ZIP	DELRAY BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STRAUCH, MILDRED	
STREET ADDRESS	3620 LOWSON BLVD.	
CITY-STATE-ZIP	DELRAY BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	STRAUCH, ROBERT S.	
STREET ADDRESS	2120 AMESBURY CIR.	
CITY-STATE-ZIP	WELLINGTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this report is true and correct and that my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Seymour Strauch Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **SEYMOUR STRAUCH**

(407) 498-2423
(407) 686-8600

CR2E034 (12/95)