

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 11 PM 3:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H85600 (5)

1. Corporation Name

PAUL A. SEIDEN, INC.

Principal Place of Business

**2080 S.W. 71ST TERRACE
DAVE FL 33317**

Mailing Address

**2080 S.W. 71ST TERRACE
DAVE FL 33317**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/12/1985

3a. Date of Last Report

04/20/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FBI Number

59-2686714

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

**PRICHASON, FRED G.
16931 N.E. 6TH AVE.
NO. MIAMI BEACH FL 33162**

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 the 4 applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	PS
NAME	SEIDEN, PAUL ADLAI
STREET ADDRESS	308 S. PALMWAY
CITY-ST-ZIP	LAKE WORTH FL
TITLE	TD
NAME	SEIDEN, PAUL ADLAI
STREET ADDRESS	308 S. PALMWAY
CITY-ST-ZIP	LAKE WORTH 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	PS	☒ Change ☐ Addition
1.2 NAME	Seiden, Paul ADLAI	
1.3 STREET ADDRESS	3106 LAKE POINT DRIVE	
1.4 CITY-ST-ZIP	PLANTATION FL 33324	
2.1 TITLE	TD	☐ Change ☐ Addition
2.2 NAME	Seiden, Paul ADLAI	
2.3 STREET ADDRESS	3106 LAKE POINT DRIVE	
2.4 CITY-ST-ZIP	PLANTATION FL 33324	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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)(b), Florida Statutes. I further certify that the information included 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 partner or trustee empowered to execute this report as required by Chapter 1907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Paul A. Seiden **PAUL A. SEIDEN**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1/7/95 **305-11247041**

DATE

Telephone Number