FILE NOW:	FILING FEE AFTER	MAY	1	IS	\$225.00
PROFIT	( S. C. X )	FLORIDA	DEF	ARI	MENT OF STAT
00000DATION	AND PARTY OF THE PARTY.	_		_	

CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

	1996	
DOCU	MENT	#

J13623

(0)

HOD SEAMAN AND ASSOCIATES, INC.

HUD SEAMAN AND ASSOCIATES, INC.									
- Fri	incipal Place of Business	Mai	iling Address				i iffilit eint tittet tine erten tre	98 17(1 8181) 91911 9	
	2712 GOLDENROD DR PO BOX 1329		2712 GOLDENROI PO BOX 1329 WINTER PARK FL					T- 5::-41	- Nood
WINTER PARK FL 32792		MINIEU LAUV LC 251.25			<ol> <li>Date Incorporated or Qualified 05/12/1986</li> </ol>	3a. Date of L 04/	11/1995		
	Principal Place of Business	28	Mailing Address				4. FEI Number		Applied For
1 1	Full-Cibal Fuzos or positioss	26					59-2699098		Not Applicable
21	Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	□ <b>\$</b>	8.75 Additional Fee Required
22	City & State		City & State				Election Campaign Financing     Trust Fund Contribution		5.00 May Be Added to Fees
23	Zip Gountry		Zip	30 C	oun-ry		8. This corporation has liability for in	intangible tax ur	iders 199.032,
24	25	29	tored Agent				10. Name and Address of New R	egistered Age	nt
	9. Name and Address of Cui	rent negis	lered Agent		81				
	SEAMAN, HORACE W.				82	Street Add	dress (P.O. Box Number is Not Acceptab	ile)	
	2712 GOLDENROD DR				83				
	WINTER PARK FL 32792				64	l '		FL	5 Zip Code
ı					<del></del>		antion or houte this statement for the nut	roose of chanci	na its reaistered office

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	gran nei tyried or pented ramie of registered agent and stient approahle	(NOTE: Registered Agent signature required w	then reinstating) DATE
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PD DELETE	1. 1 TI LE	Change Addition
NAM:	SEAMAN, HORACE W.	1.2 NAME	
STRLET ADDRESS	2712 GOLDENROD DR.	1 3 STREET ADDRESS	
	WINTER PARK FL	1.4 CITY - ST- ZIP	
CHY-S1-ZIP THE	DELETE	2 1 TIF.E	☐ Change ☐ Addition
i		. 22 NAME	
NAME		2 3 STHEET ADDRESS	
STREET ADDRESS		24 CITY-ST-ZIP	
CHY-SI ZIP	☐ DELETE	3 1 T I LE	☐ Change ☐ Addition
11/1E		3 2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3 4 C TY-ST-ZIP	
C 1Y - S1 - Z-P	DELETE		☐ Change ☐ Addition
1616		4.2 NAME	
NAME		4 3 STHEET ADDRESS	
STREET ADDRESS			
CITY-ST ZIP	DELETE	44 CITY - ST - ZIP 5 1 1 IILE	☐ Change ☐ Addition
TILLE			·
NAME		5 2 NAME	
STREET ADDRESS		5.3 STHEET ADDRESS	
City St-20		5 4 CHY - ST - Z)P	☐ Change ☐ Addition
10115	DELETE		
NAME		62 NA ME	
STREET ADDRESS		6.3 STEET ADDRESS	
1		6 4 CH r - ST - ZIP	or the exemption stated in Section 119.07(3)(k). Florida Statutes. I further

14. I do hereby certify that the information supplied with this filing is voluntarily turnished are passed of the and accurate and that my signature shall have the same legal effect as if made unde certify that the information indicated on this annual report or supplemental annual report of the and accurate and that my signature shall have the same legal effect as if made unde certify that the information indicated on this annual report or supplemental annual report 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 allochment with an address.

2 - 28 - 94 407-679-9400