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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT #

J64143

SEAWAY MOLD & ENGINEERING, INC.

(7)

Secretary

FILED Feb 23 1996 8:00 am Secretary of State

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Developed Disease	and Charles and	# 4 · P · · · · · · · · · · · · · · · · ·				-{	O COLOREN DIA		AT 818H 919H 1481
Principal Place		Mailing Address							
% Paul Be 6042 Shern		% Paul Bernard 6042 Sherwin Driv	nc						
	EY FL 34668	PORT RICHEY FL 34							
US		US	US			3. Date Incorporated or Qualified 03/27/1987 3a. Date of Last Report 02/22/1995			
2. Principal P	lace of Business	2a. Mailing Address 26	ı. Mailing Address						Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Oity & Stat	е		City & State			6. Election Campaign Financing			
23		28				Trust Fund Contribution			00 May Be ed to Fees
Ζφ	Country	Zıp	Zip Country			8. This corporation has liability for intangible tax under s 199.032,			
24			30	0		Florida Statutes 🔀 Yes 🗌 No			
	9. Name and Address of Curre	nt Registered Agent		1		10. Name and Address of New R	egistered #	lgent	
DEDU	DD D444			81	Name				
	.rd, paul Hdge drive		ľ	82	Street Addres	Address (P.O. Box Number is Not Acceptable)			
	HARBOR FL 34683		-	83			·		
TALMII	TANDON I E 34003		Į.						
				84	City		FI	85 Z	Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the above	ve-na	amed corporal	tion submits this statement for the pur	pose of cha	nging its	registered office
or register	red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	ida. Such change was author	ized by the c	orpo	ration's board	of directors. I hereby accept the app	ointment as	registere	d agent. I am
SIGNATURE									
	Signature, typical or printed name of registered ager		NOTE: Registered	Agent	signature required v	when reinstating)	DATE		
. 12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLE	DELIAVI O LEGNIADO E			1. 1 TITLE			L] Change	☐ Addition
NAME	7132 BRIDGEWAY		1.2 NA						
STREET ADDRESS	WEST BLOOMFIELD MI				ADDRESS				
_ CHY-S1-Zif* Tifle	D DECOMINED III			1.4 CITY - ST - ZIP 2 1 TITLE				1 Change	
NAME	BEHAYLO, GERALD W.	_ весете	2 2 NA				L] Change	T MOUNTON
STREET ADDRESS	1805 WASHINGTON RD.				ADORESS				
City St - ZiP	ROCHESTER MI		24 CIT						
TITLE	D	☐ DELETE	3 1 Ti		r.		Г] Change	Addition
NAME	BERNARD, PAUL		3 2 NA	ME			_		_
STREET ADDRESS	1117 RIDGE DR.		33 ST	REET	ADDRESS				
CITY ST ZIP	PALM HARBOR FL		3.4 CIT	Y-51	- ZIP				
Tillet		☐ DELETE	4 1 Til	ILE.] Change	Addition
NAME			4 2 NA	ME					
STREET ADDRESS			4 3 ST	AEET A	ADDRESS				
City - St - ZiF			4.4 CIT	_	· ZIP				
11'11	1	DEFELE	5 1 711] Change	☐ Addition
D4M5			5.2 NA						
STREET AUDRESS					ADDRESS				
CITY+ST-ZIP THUE		DELETE	5.4 CIT		-ZIP			1 Ch	Addis-
NAME		[] precit	6 1 111				L.,) Change	☐ Addition
STREET ADDRESS	1		6.2 NAME 6.3 STREET ADDRESS		NDD0000				ł
CONTRACTOR ASSESSED ASSESSED.	1		■ 0.55H	ILLI P	ADDRESS I				1

64 CITY-S1-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)(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 cathy that I am an officer or director of the corporation or the receiver or trustee ensowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changind, or on an attachment with any address.

ME OF SIGNING OFFICER OR DIRECTOR