FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K33760** **(5)**

1. Corporation Name

SEABURY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
840 U.S. HWY ONE SUITE 330 N. PALM BCH FL 33408	840 U.S. HWY ONE SUITE 330 N. PALM BCH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/15/1988**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **65-0164807** ☐ Applied For ☐ Not Applicable

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	10. Name and Address of New Registered Agent
CLARK, JOHN A 840 U.S. HWY. 1, SUITE 330 N. PALM BEACH FL 33408	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. Each 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: [illegible] (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	DANIELS, JOHN L	52 NAME	
STREET ADDRESS	4774 HIGHGROVE RD	53 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	54 CITY ST ZIP	
TITLE	VSD	71 TITLE	☐ Change ☐ Addition
NAME	CLARK, JOHN A.	72 NAME	
STREET ADDRESS	840 U.S. HWY ONE, #330	73 STREET ADDRESS	
CITY ST ZIP	N. PALM BCH FL	74 CITY ST ZIP	
TITLE	DVT	31 TITLE	☐ Change ☐ Addition
NAME	MISSELHORN, CRAIG	32 NAME	
STREET ADDRESS	840 U.S. HWY ONE, #330	33 STREET ADDRESS	
CITY ST ZIP	N. PALM BCH FL	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	COHEN, VALERIE E	42 NAME	
STREET ADDRESS	450 SKOKIE BLVD #507	43 STREET ADDRESS	
CITY ST ZIP	NORTHBROOK IL	44 CITY ST ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	SOSNOWCHIK, KATHRYN E	62 NAME	
STREET ADDRESS	450 SKOKIE BLVD #507	63 STREET ADDRESS	
CITY ST ZIP	NORTHBROOK IL	64 CITY ST ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 added to the report with an address.

SIGNATURE: John A. Clark/VP 4/27/95 407-627-3383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — (Date) — (Daytime Phone #)

0247410 CP