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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:27

DOCUMENT # K41906 (4)

1. Corporation Name
SEYPAR, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3405 WEST PALM BEACH FL 33402	P.O. BOX 3918 LANTANA FL 33465-918 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/28/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 3918	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Lantana, Fl.	28 City & State
24 Zip: 33465 25 Country: USA	29 Zip 30 Country

4. FEI Number: 65-0087917 ☐ 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

SCHACHER, SELMA A
635-I GATOR DRIVE
LANTANA FL 33462

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	PARISER, PAUL S	1.2 NAME		
STREET ADDRESS	635-I GATOR DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	KESTER, ROBERT L	2.2 NAME		
STREET ADDRESS	1101 E. ATLANTIC BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	NILES, FULLERTON	3.2 NAME		
STREET ADDRESS	122 S. WILLSON	3.3. STREET ADDRESS		
CITY-ST-ZIP	BOZEMAN MT	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	REID, LUCIE S	4.2 NAME		
STREET ADDRESS	635-I GATOR DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	LANTANT FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 119.07(3)(i), 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 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 on an attachment with an address.

SIGNATURE: _____ Feb. 8, 1995 (407) 547-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAUL S. PARISER, PRESIDENT

0438768 FP