

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

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K41906 (4)**  
1. Corporation Name  
**SEYPAR, INC.**



Principal Place of Business <b>P O BOX 3918 LANTANA FL 33465 US</b>	Mailing Address <b>P.O. BOX 3918 LANTANA FL 33465-918 US</b>
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3. Date Incorporated or Qualified <b>10/28/1988</b>	3a. Date of Last Report <b>03/08/1995</b>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	4. FEI Number <b>65-0087917</b> Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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 then applicable (NOTE: Registered Agent's signature is required to be on this filing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PARISER, PAUL S 635-I GATOR DRIVE LANTANA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD KESTER, ROBERT L 1101 E. ATLANTIC BLVD. POMPAÑO FL	1.2 NAME	
STREET ADDRESS	TD NILES, FULLERTON 122 S. WILLSON BOZEMAN MT	1.3 STREET ADDRESS	
CITY- ST- ZIP	SD REID, LUCIE S 635-I GATOR DRIVE LANTANA FL	1.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input checked="" type="checkbox"/> DELETE	2.2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
CITY- ST- ZIP	<input type="checkbox"/> DELETE	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
CITY- ST- ZIP	<input type="checkbox"/> DELETE	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	4.2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
CITY- ST- ZIP	<input type="checkbox"/> DELETE	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	5.2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
CITY- ST- ZIP	<input type="checkbox"/> DELETE	5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	6.2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
CITY- ST- ZIP	<input type="checkbox"/> DELETE	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is accurately 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 oath, that I am an officer or director of the corporation or the receiver or trustee or 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 addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PALL S. PARISER, PRES.**

4.10.96

407-547-1929

Ex. 10.11.96 Date Time Phone

CR2E034 (12/95)