

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 10 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **K41906** (4)
1. Corporation Name
SEYPAR, INC.



| | |
|--|---|
| Principal Place of Business P O BOX 3918 LANTANA FL 33465 US | Mailing Address P.O. BOX 3918 LANTANA FL 33465-918 US |
|--|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---|--|---|--|
| 2. Principal Place of Business 21 601-4 Whitney Ave. Suite, Apt. #, etc. 22 Lantana, Fl. 33462 City & State 23 Lantana, Fl. 33462 Zip 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 | | 3. Date Incorporated or Qualified 10/28/1988 | |
| 2. Principal Place of Business 21 601-4 Whitney Ave. Suite, Apt. #, etc. 22 Lantana, Fl. 33462 City & State 23 Lantana, Fl. 33462 Zip 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 | | 4. FEI Number 65-0087917 Applied For <input type="checkbox"/> Not Applicable | |
| 2. Principal Place of Business 21 601-4 Whitney Ave. Suite, Apt. #, etc. 22 Lantana, Fl. 33462 City & State 23 Lantana, Fl. 33462 Zip 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 2. Principal Place of Business 21 601-4 Whitney Ave. Suite, Apt. #, etc. 22 Lantana, Fl. 33462 City & State 23 Lantana, Fl. 33462 Zip 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 2. Principal Place of Business 21 601-4 Whitney Ave. Suite, Apt. #, etc. 22 Lantana, Fl. 33462 City & State 23 Lantana, Fl. 33462 Zip 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 | Schacher, Selma A. | Address change |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 601-4 Whitney Ave. | |
| 83 | Lantana, Fl. 33462 | |
| 84 City | Lantana, Fl. | 85 Zip Code 33462 |

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|-------------------------------|---|---------------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD | 1.1 TITLE | PD |
| NAME | PARISER, PAUL S | 1.2 NAME | PARISER, PAUL S. |
| STREET ADDRESS | 635-I GATOR DRIVE | 1.3 STREET ADDRESS | 601-4 Whitney Ave. |
| CITY-ST-ZIP | LANTANA FL | 1.4 CITY-ST-ZIP | Lantana, Fl. 33462 |
| TITLE | VD | 2.1 TITLE | |
| 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 | SD | 3.1 TITLE | SD |
| NAME | REID, LUCIE S | 3.2 NAME | REID, LUCIE S |
| STREET ADDRESS | 635-I GATOR DRIVE | 3.3 STREET ADDRESS | 601-4 Whitney Ave. |
| CITY-ST-ZIP | LANTANA FL | 3.4 CITY-ST-ZIP | Lantana, Fl. 33462 |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing 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 *[Signature]* 2-15-98 (561-547-1928)

CR2E034 (10/97)