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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K96804 (5)
1. Corporation Name: SERAPHIM & ASSOCIATES, INC.



Principal Place of Business: 19316 GULF BLVD. P. O. BOX 72 INDIAN ROCKS BCH FL 34635-2215
Mailing Address: P. O. BOX 784 CAMBRIDGE, ONTARIO N1R5W6 CANADA

3. Date Incorporated or Qualified: 06/20/1989
3a. Date of Last Report: 12/16/1996

2. Principal Place of Business: 21 19316 GULF BLVD. State, Apt. #, etc.: Florida
22 City & State: INDIAN SHORES FLORIDA
23 Zip: 33785 Country: PINELLAS
24 25 26 27 28 29 30
2a. Mailing Address: 26 P. O. BOX 784 State, Apt. #, etc.: CAMBRIDGE, ONTARIO N1R5W6
27 City & State: CANADA
28 Zip: Country:
4. FEI Number: 59-2995654 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: SERAPHIM, NICKOLAS 19316 INDIAN SHORES INDIAN ROCKS BCH FL 34635
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: NICK SERAPHIM Pres.

12. OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	1.1 TITLE	Change Addition
NAME	SERAPHIM, NICKOLAS	1.2 NAME	
STREET ADDRESS	19316 INDIAN SHORES	1.3 STREET ADDRESS	
CITY- ST- ZIP	INDIAN ROCKS BCH FL	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	Change Addition
NAME	SERAPHIM, NICKOLAS	2.2 NAME	
STREET ADDRESS	19316 INDIAN SHORES	2.3 STREET ADDRESS	
CITY- ST- ZIP	INDIAN ROCKS BCH FL	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		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 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: NICK SERAPHIM MARCH 13 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012684

CR2E034 (9/96)