SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L08832

SEABROOKS AND ASSOCIATES, INC.

(2)

FILED Aug 12 1997 8:00am Secretary of State



Principal Place of Business Mailing Address								-	1 E					
% PATRICIA A SEABROOKS % PATRICIA A SEABROOK								İ						
18501 N W 3				18501 N W 39TH AVE. MIAMI FL 33055				DO NOT WRITE IN THIS SPACE						
MINIMI I L 330	N3		Mic	AMI PL 33055					DO NOT WRITE Date Incorporated or Qualified			D		_
1								3. Date Incorporated or Qualified					OLI	
2. Principal F	Place of Busin	ness	2a.	2a. Mailing Address				4.	FEI Number		20/ 10		ied For	\dashv
21				26					65-0135480			+	Applicable	7
] Sulte, Apt.	#, etc.			Suite, Apt. #, etc.				6.	Certificate of Status Desired		\$8.7	75 Ad	ditional	1
22				27					Continuate of States Besited		Fe	e Flequ	ired	╛
City & State				City & State					Election Campaign Financing			00 м		
Zip				Zip Country				+-	Trust Fund Contribution			ded to		4
24	25			29 30				This corporation owes or has pa Personal Property Tax due June						
	9. Name	and Address of Cu					• • • • • • • • • • • • • • • • • • • •	10. Name and Address of New Registered Agent						┪
		PATRICIA A.				81	Name							
18501 N W 39TH AVE.							Street Addre	dress (P.O. Box Number is Not Acceptable)						-
MIAMI FL FL 33055														
						83								1
	,	•			•	84	City			———	85	Zip Co	de	\dashv
11 Purcuant	to the provisi	ione of Sections 607	06.02 and 60	7 1500 Florido Ctal	uton the ni		nomad corne		a submits this statement for the p	FL				↲
i office or r	redistered an	ent, or both, in the Si th, and accept the ot	lain of Hond:	a. Such channe was	a guithorizon	d by	the corneratio	on's b	oard of directors. I hereby accep	urpose or it the appo	cnangir pintmen	ng its r t as req	egistered gistered	
SIGNATURE														1
12.	Signature, typed	or printed name of registered				Ager	nt signature required			DATE				٫إ
TITLE	PD	OFFICERS	AND DIRECT	DELETE	13.	10		A	DDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT Chan		N 12 Addition	- ₽
NAME	SEABRO	OKS, PATRICIA A.	•	<u></u>	1.2 NA							iyo L	Novition	
STREET ADDRESS	18501 N	W 39TH AVE.					ADDRESS							18
CITY-ST-ZIP	MIAMI FI	L			1.4 C()									15
TITLE	TU			☐ DELET E	2.1 TiT						Chan	ige [Addition	┧
NAME		OKS, WILLIE JR			2.2 NA	ME								
STREET ADDRESS		W 39TH AVE.			2.3 \$10	REET A	ADDRESS							ĺ
CITY-ST-ZIP	MIAMI FL VD				2.4 CI		T-ZIP			 				1
TITLE		OKS, MIA C.		☐ DELETE	3.1 T(T						☐ Chan	ge [Addition	
NAME Street address		W 39TH AVE.			3.2 NA									
CITY-ST-ZIP MIAMI FL 33055				The state of the s			ADDRESS							
TITLE	SD			DELETE	3.4. CI 4.1 TIT		1-212				☐ Chan	ne T	Addition	4
NAME		OKS, PATRICIA A.	W.		4.2 NA						Julian,	yv L	rould())	
STREET ADDRESS	18501 N	W 39TH AVE					ADDRESS							
CITY-ST-ZIP	MIAMI FL	•			4.4 CIT		l							
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NAME					5.2 NA	ME								
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TITLE				DELETE	6.1 111	LE					Chan	ge [Addition	1
NAME					6.2 NAI	ME								
STREET ADORESS					6.3 STR	EET A	ADDRESS							
CITY-ST-ZIP		**			6.4 CIT	Y-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 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 attemptent with an address.