

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M73872** (7)

1. Corporation Name
SEAGON CORP.



Principal Place of Business
**301 CLEMATIS ST
STE 201
WEST PALM BEACH FL 33401
US**

Mailing Address
**301 CLEMATIS ST
STE 201
WEST PALM BEACH FL 33401
US**

3. Date Incorporated or Qualified
03/25/1988

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0038168

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
Suite 204
22 City & State
City & State
23 Zip
Zip
24 Country
Country

2a. Mailing Address
26 Suite, Apt. #, etc.
Suite 204
27 City & State
City & State
28 Zip
Zip
29 Country
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GSCHWEND, RALF
301 CLEMATIS ST
STE 201
WEST PALM BEACH FL 33401**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **Suite 204**
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

[Signature]
Signature, and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PST	GSCHWEND, RALF D.	301 CLEMATIS ST, STE 201	WEST PALM BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			Suite 204	

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)(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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96
Date

(407) 6552745
Daytime Phone #

CR2E034 (12/95)