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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 11 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P31016

(9)

SEACO/ELLIOT, INC.

NAME

STREET ACCURESS

SIGNATURE:

Principal Plac	e of Business	Mailing Address	Mailing Address				T TROUTER THE TITOL WELL BOLE TIPLE BLUT BIRTH BIRTH BIRTH BIRTH BIRTH BIRTH BIRTH BERTH BERTH BERTH				
3874 FISCAL COURT RIMERA BEACH FL 33404 US		1326 WILLOW RD STURTEVANT WI 53177-18 US	STURTEVANT WI 53177-1917								
							3. Date Incorporated or Qualified 09/21/1990	3a. Date 08/16		eport	
~ n	lace of Busniess	2a. Mailing Address				- 1	4. FEI Number		Ar	plied For	
21		26					36-3728582	**************		ot Applicable	
Suite, Apt. 22		Suite, Apt. #, etc.	27				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	te	Cily & State				'	Election Campaign Financing     Trust Fund Contribution		\$5.00 Added 1		
Zφ	Country	Zip					8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29	.d				Florida Statutes				
	9. Name and Address of Curr	ent Registered Agent				1	<ol><li>Name and Address of New Reg</li></ol>	gistered Ag	ent		
CT (	CORPORATION SYSTEM			81	Name						
120	0 S. PINE ISLAND ROAD			82	Street /	Address	ddress (P.O. Box Number is Not Acceptable)				
PLA	NTATION FL 33324					Tables ( T. Barraner e Per Nacional)					
				84	City			Т	<b>85</b> Zip (	Code	
				•	0,			FL	35 Lip	0000	
office or i	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obt	te of Florida. Such change was	authorize	d by	v the corp	corporation's	tion submits this statement for the post board of directors. I hereby accept	urpose of ch t the appoin	ianging it itment as	s registered registered	
SIGNATURE	Styricture, typed or printed habit of regists redu	accontand for it applicable (NO	I£: Registere	d Age	ent signature	fw behinder o	nen reinstating)	DATE			
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFIC		IRECTOR	RS IN 12	
101,6	S	DELETE	1.7 TI	TLE		Dire	ector		Change	Addition	
NAME	NEUHARTH, WADE T		1.2 N	AME							
STREET ADORESS	1326 WILLOW RD		1.3 S	TRE:ET	ADDRESS						
00 Y - \$1 20F	STURTEVANT WI		1.4 C	TY-S	iT-ZIP						
1011.1	VPTS	☐ DEL€TE	2.1 TI	TLE		Dire	ector		Change	Addition	
MAME	SCHMIDT, CARL G		2.2 N	AME							
STEFFE LADORESS	1326 WILLOW RD		2.3 \$1	TREET	ADDRESS						
Lity-St-74P	STURTEVANT WI				SI-ZIP		······································			427	
THEF		☐ DELETE	3 1 TI				ector	L.,	Change	<b>K</b> Addition	
MAME			3.2 N				aker, Ronald C.				
STREET ADDRESS					ADDRESS		Willow Road				
CHY-SI ZIF		DELETE			ST-ZIP	Stur	tevant, WI 53177		1 Chann	1,000	
THE		L.J DELETE	4111		- 1	1		<u> </u>	Change	Addition	
NAME			4.2 N		Annanca						
STREET ALURESS			1		ADDRESS						
CITY+ST-ZIP TITLE		DELETE	4.4 Ci		I - ZIP	ļ	······································		Change	Addition	
NAME		L. DELLIE	5.2 N			-		Ļ_	Johanye	L AUGRION	
STHEFT ACORESS					ADDRESS						
CHT-S*-ZIP					ALIUHESS I - ZIP						
Title		DELETE	6.4 U	**********	11.51	<b>†</b>			Change	Addition	

6.2 NAME

14. If 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 arm 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.