

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000001413 (3)**

1. Corporation Name

SEIDLE ENTERPRISES, INC.



Principal Place of Business

**2900 NORTHWEST 36TH STREET
MIAMI FL 33142**

Mailing Address

**2900 NORTHWEST 36TH STREET
MIAMI FL 33142**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**SEIDLE, MICHAEL A.
2900 N.W. 36TH ST.
MIAMI FL 33144**

3. Date Incorporated or Qualified

10/29/1992

3a. Date of Last Report

01/30/1995

4. FEI Number

65-0377518

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

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 607.0902 and 607.1506, 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 607.0905, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

DATE FOR EACH APPOINTMENT (Required when adding)

DATE

12. TITLE	D	<input type="checkbox"/> DELETE
NAME	SEIDLE, WILLIAM D	
STREET ADDRESS	2900 NORTHWEST 36TH STREET	
CITY, STATE, ZIP	MIAMI FL 33142	
12. TITLE	D	<input type="checkbox"/> DELETE
NAME	SEIDLE, MICHAEL A	
STREET ADDRESS	2900 NORTHWEST 36TH STREET	
CITY, STATE, ZIP	MIAMI FL 33142	
12. TITLE	D	<input type="checkbox"/> DELETE
NAME	SEIDLE, BETTY	
STREET ADDRESS	2900 NORTHWEST 36TH STREET	
CITY, STATE, ZIP	MIAMI FL 33142	
12. TITLE	D	<input type="checkbox"/> DELETE
NAME	SEIDLE, ROBERT K	
STREET ADDRESS	2900 NORTHWEST 36TH STREET	
CITY, STATE, ZIP	MIAMI FL 33142	
12. TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
12. TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	
1. NAME	
1. STREET ADDRESS	
1.4 CITY, STATE, ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2.4 CITY, STATE, ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3.4 CITY, STATE, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4.4 CITY, STATE, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5.4 CITY, STATE, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6.4 CITY, STATE, ZIP	

14. I 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. 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

1-16-96

705-633-8006

CR2E034 (12/95)