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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT # P93000064835 (0)

PAUL SEASHOLTZ & ASSOCIATES, INC.

Principal Place of Husiness Mailing Address

FILED Mar 03 1997 8:00am Secretary of State



Suite, Apt. #, etc. Suite, Ap	1771 NW 17ST HOMESTEAD FL	33030	1771 NW 17ST HOMESTEAD FL 33030-26	1771 NW 17ST HOMESTEAD FL 33030-2839						
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Truel Fund Contribution	Suite, Apt. #	f. etc	27			51-21 5	5. Certificate of Status Desired			
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SEASHOLTZ, PAUL 1771 NW 17ST HOMESTEAD FL 33030 184					1 '		Florida Statutes	Yes No		
1. Forestrict to the personal of Sections 807 05.02 and 607 1598, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. For the birth State of Lorida Mich change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. For the birth State of Lorida Mich change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. For the birth State of Lorida Mich change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. The landshirth Mill and birth State of Lorida Mich change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. The landshirth Mill and birth State of Lorida Mich change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. The landshirth Mill and State of Lorida. I have been remissively. 10		9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Re	gistered /	\gent	
## HOMESTEAD FL 33030 83					81	Name				
1. Fore bird to the provisions of Squitors D07 0542 and 607 1598. Floridal Statutes, the above named concretion submits the statement for the purpose of changing its registered algorit, or both, as the State of Floridal Auch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered algorit, or both and be part the state of Floridal Auch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered algorit, or both and be part the state of Floridal Auch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered algorithment with and be part the state of Floridal Statutes. SEGNATURE						Street Add	ress (P.O. Box Number is Not Acceptab	le)	***************************************	
The Pure sent to the provisions of Societies 607 05.02 and 607 150B. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered algent, or both in the State of Lorida Abch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered algent, or both in the State of Lorida Abch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered algent and burnel burnels algorithm of the purpose of changing its registered algent and burnels. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. I TIBLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. I TIBLE 17. I TIBL					83					
SIGNATURE					84	City		FL	85 Zip	Code
SIGNATURE	11. Pyrsuant to	the provisions of Sections 607	.0502 aricl 607.1508, Florida Statu	ites, the at	bove-	named cor	poration submits this statement for the p	urpose of	changing if	is registered
SIGNATURE	office or re agent. Fan	igistered agent, or both, in the t ii familiar with, and pacept the g	State of Florida. Nuch change was phiganans of Section 607,0505, F	authorized Iorida Stat	a by i tut <u>es.</u>	the corpora	ition's board of directors. I hereby accep	n the app	ointment as	registered
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Too hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. If further certify that the information includated 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 composition or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: