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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400033637 (7) SEYONER GROUP, INC.													
Principal Place of Business				Mailing Address	· .				I ANDRIAND LIN ENIAL DINCE BRIST DINCE		EOU EILEID DEIWD DAIL	1891 1881	
7440 ANADALE CIRCLE LAKE WORTH F 33467				LAKE WORTH FL	7440 ANADALE CIRCLE LAKE WORTH FL 33467-7712								
U	8			US				3.	Date Incorporated or Qualifie	d 3a.	Date of Last R	eport	
									05/02/1994	0:	5/01/1996	,	
F	Principa: Place of Business     21				2a. Mailing Address			4	. FEI Number <b>65-0486761</b>	. •	·····	oplied For ot Applicable	
121	Suite Apt. # etc.				Suite, Apt. #, etc.				Certificate of Status Desired		·	Additional	
22				27						<del></del>	Fee Re		
23	City & State			28 City & State	City & State			6.	<ul> <li>Election Campaign Financing Trust Fund Contribution</li> </ul>	)		May Be to Fees	
	Zip	Zip Gountry		Zip				8.	. This corporation has liability	for intangit			
24			25 and Address of Curre	29					Florida Statutes  Name and Address of New	Yes	XANo	<del></del>	
}	MAD			int McRistelen Wholit		81	Name	10	, Italie allo Addiess di Itali	Cohistat	O Agent		
KARACKATTU, VARKEY T 7440 ANADALE CIRCLE						82	Street A	Address (	ress (P.O. Box Number is Not Acceptable)				
LAKE WORTH FL 33467													
					83								
						84	City			F	L 85 Zip	Code	
11	I. Pursuant t	to the provise	ons of Sections 607.05	02 and 607.1508, Florid	a Statutes, the	above	named	corporation's	on submits this statement for the board of directors. I hereby ac	e purpose	of changing it	s registered	
	agent. La	m familiar wit	h, and accept the obli	gations of, Section 607.0	505, Florida S	tatutes			550.0 57 6.105,0.0, 7.10,0.0, 4.1		PP 12 11 01 11 420		
S	IGNATURE	Segrenture typed	or printed name of registered a	gent and title if applicable	(NOTE: Regist	ered Age	nt signature	required who	an reinstating)	DATE			
12			OFFICERS AF	ND DIRECTORS	13				ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTOR  Change	S IN 12	
1	T.F AME	PS KARACKA	NTTU, VARKEY T	L DEI		1 TITLE 2 NAME					Change	L.J AGURIOR	
1	RECT ADDRESS		ADALE CIRCLE				address						
·	TY+\$1+7'F'	LAKE WO	ORTH FL			4 CITY-S	r-ZIP						
1	TLE	VPT	TTIL DOCE	DEI		1 TITLE	ļ				L] Change	Addition	
1	ME KARACKATTU, ROSE 7440 ANADALE CIRCLE				2.2 NAME 2.3 STREET ADDRESS								
1	1Y-\$(-74)	LAKE WO			2.	4 CITY - S	i						
1	11.6			☐ DE	4 ···	1 TITLE					Change	Addition	
i	AME THEET ADORESS					2 NAME 3 STREET	ADDRESS						
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n	TLE	1		☐ DE	•	1 TITLE					Change	Addition	
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1	AM:					2 NAME	****						
1	TREET ADDRESS Ty-S1-ZIP				<b>I</b> '	3 STREET 4 City - S	ADDRESS						
_	11-51-21r 11 <del>1</del>			☐ DE		1 TITLE	1-tu				Change	Addition	
N-	AME.				6:	2 NAME							
S	TREET ADDRÉSS				6:	3 STREET	ADDRESS	i					

14. I do hereby certily 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if change), or on an attachment with an address.

**SIGNATURE** 

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

ARKEY T. KARACKATTU 4/28/97 954-941-

**FILED** 

May 13 1997 8:00am

Secretary of State