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FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90006 036 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000059567

1. Corporation Name  
SEOLA, INC.

Principal Place of Business  
6400 N ANDREWS AVENUE  
FT. LAUDERDALE FL 33309

Mailing Address  
6400 N ANDREWS AVENUE  
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/12/1994

4. FEI Number  
35-0528121

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 29 Country

9. Name and Address of Current Registered Agent

DUKE, BRYAN W  
C/O STILES CORPORATION  
6400 N ANDREWS AVE 5TH FLOOR  
FT LAUDERDALE FL 33309

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 607.0502 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME STILES, TERRY W  
STREET ADDRESS 6400 N ANDREWS AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

1.1 TITLE V  
1.2 NAME FERRERA, ROCCO  
1.3 STREET ADDRESS 6400 N. Andrews Avenue  
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE VT  
NAME EAGON, DOUGLAS P  
STREET ADDRESS 6400 N ANDREWS AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VS  
NAME JONES, PATRICIA  
STREET ADDRESS 6400 N ANDREWS AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VP  
NAME PALMER, STEPHEN R  
STREET ADDRESS 6400 N ANDREWS AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE V  
NAME STINE, JAMES W.  
STREET ADDRESS 6400 N ANDREWS AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE V  
NAME DUKE, BRYAN W  
STREET ADDRESS 6400 N ANDREWS AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

Bryan W. Duke

4/8/99

954/776-9300

Date

Daytime Phone #

CR2E034 (11/98)