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Apr 25 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000076318 (2)**

1. Corporation Name  
**SEMINOLE, INC.**

Principal Place of Business  
**4680 US HWY 27  
FT LAUDERDALE FL 33332  
US**

Mailing Address  
**4680 US HWY 27  
FT LAUDERDALE FL 33332-2000  
US**



<b>2. Principal Place of Business</b> 21 <b>2375-A S.W. 66 TERR.</b> Suite, Apt. #, etc. 22 City & State 23 <b>DAVIE, FL</b> Zip Country 24 <b>33317 BR</b>		<b>2a. Mailing Address</b> 26 <b>17350 SW 46 STREET</b> Suite, Apt. #, etc. 27 City & State 28 <b>FORT LAUD, FL</b> Zip Country 29 <b>33331</b> 30		<b>3. Date Incorporated or Qualified</b> <b>10/18/1994</b>	<b>3a. Date of Last Report</b> <b>04/29/1996</b>
		<b>4. FEI Number</b> <b>65-0527760</b>		Applied For Not Applicable	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**

**RAMIREZ, FRED**  
**10041 PINES BLVD SUITE C**  
**PEMBROKE PINES FL 33024**

**10. Name and Address of New Registered Agent**

81 Name  
**SHANNON-DOLLAR, TAMARA**  
 82 Street Address (P.O. Box Number is Not Applicable)  
**17350 S.W. 46 STREET**  
 83  
 84 City  
**FT LAUDERDALE** **FL** 85 Zip Code  
**33332**

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 *Tamara Shannon-Dollar* **TAMARA SHANNON-DOLLAR** **1-10-97**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	MORRIS, ALFRED	1.2 NAME	SHANNON-DOLLAR, TAMARA
STREET ADDRESS	4220 NW 25TH ST	1.3 STREET ADDRESS	17350 SW 46 STREET
CITY-ST-ZIP	FT LAUDERDALE FL 33313	1.4 CITY-ST-ZIP	FORT LAUD, FL 33331
TITLE	DV	2.1 TITLE	DV
NAME	KING, HIRAM	2.2 NAME	DOLLAR, JOHN T.
STREET ADDRESS	7953 W VENETIAN ST	2.3 STREET ADDRESS	17350 SW 46 STREET
CITY-ST-ZIP	MIRAMAR FL 33023-2447	2.4 CITY-ST-ZIP	FORT LAUD FL 33331
TITLE		3.1 TITLE	STIRKUS, BARBARA
NAME		3.2 NAME	3870 SHIPPING AVENUE
STREET ADDRESS		3.3 STREET ADDRESS	MIAMI FL 33146
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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: *Tamara Shannon-Dollar* **TAMARA SHANNON-DOLLAR** **1/10/97** **954-381-6260**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)