

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000038539 (9)**

1. Corporation Name
SEIDER & SON, INC.



Principal Place of Business

Mailing Address

3500 MYSTIC POINTE DR.
SUITE 2303
AVENTURA FL 33180

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SUITE 2303
AVENTURA FL 33180

3. Date Incorporated or Qualified 05/16/1995	3a. Date of Last Report
4. FEI Number 65-0580901	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 210 174th Street <small>Suite Apt # etc</small> #1607 City & State MIAMI BEACH FL Zip 33160	26 210 174th Street <small>Suite Apt # etc</small> #1607 City & State MIAMI BEACH Zip 33160
23 MIAMI BEACH FL	28 MIAMI BEACH
25 DADE	30 DADE

9. Name and Address of Current Registered Agent SEIDER, JUDITH A PH.D. 3500 MYSTIC POINTE DR. SUITE 2303 AVENTURA FL 33180	10. Name and Address of New Registered Agent 81 Name (same) 82 Street Address (P.O. Box Number is Not Acceptable) 210 174th Street 83 MIAMI BE SUITE 1607 84 City MIAMI BEACH FL 85 Zip Code 33160
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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 *Judith A Seider, Ph.D.* **7/11/96**
Signature type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE 0	<input type="checkbox"/> DELETE	11 TITLE (same name)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SEIDER, JUDITH A PH.D.		12 NAME (same name)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3500 MYSTIC POINTE DR., #2303		13 STREET ADDRESS 210 174th Street, Suite 1607	
CITY-ST-ZIP AVENTURA FL 33180		14 CITY-ST-ZIP MIAMI BEACH FL 33160	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Judith A Seider, Ph.D.* **7/11/96** **305-937-1216**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)