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.)



CORP ANNU			B. Morthar ary of State	m ∌		
DOCUM 1. Corporation	IENT # P9500	0055792 (2)			
SEMINO	LE AIR, INC.) 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884	
Principal Place	of Business	Mailing Address				
11605 - 3RD S TREASURE ISL	YREET EAST - #304 AND FL 33706	11605 - 3RD STREET I TREASURE ISLAND FL		4	3. Date Incorporated or Qualified 07/19/1995	3a. Date of Last Report
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number 59-33445	······································
Suite, Apt. #	etc	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		. <u></u>	6. Election Campaign Financing	Fee Required 55.00 May Be
23	Country	28 Zip	Co	untry	Trust Fund Contribution 8. This corporation has habitity for	intangible tax under s 199 03?
Zip 24	25	29	30	<u> </u>	Florida Statutes 10. Name and Address of New R	Yes No
	9. Name and Address of Curr	ent Registered Agent		81 Name	10. Name and Address of New 7	
HARRIS, M. DEANNA ESQ. 100 SECOND AVENUE SOUTH 82 Street Addr					dress (P.O. Box Number is Not Accepta	ble)
SUITE 400N ST. PETERSBURG FL 33701						
					Jos. 7- Co.	
				84 City		FL T
	o the provisions of Sections 607.0 ogistered agent, or both, in the Sta n familiar with, and accept the obl				rporation submits this statement for the alion's board of directors. I hereby acce	purpose of changing its registered of the appointment as registered
SIGNATURE		post and tilly of apply this:	NOTE BLASSE	red Agent signature rec	pured when reinstating)	DATE
12.	Signature, typed or printed namic of registered OFFICERS /	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
DELETE				THTLE		Change Addition &
NAME	しかし しょくそしち わんりら			NAME STREET ADDRESS		2F034
1 3	Treasure Fslan	1 51 33706	13	CITY-ST-ZIP		188
CITY-SI-ZIP TITLE	Treasure + siun	DELETE	21	TITLE		Change Add tion C
NAME			22	NAME		İ
STREET ADDRESS			23	STREFT ADDRESS		
CITY - ST - ZIP		05:576		CITY-ST-ZIP		Change Addition
TITLE		DELETE		TITLE		
NAME				STREET ADDRESS		
STREET ADDRESS				I. CITY - ST - ZIP		
CITY-ST-ZIP TITLE				TITLE		Change Addition
NAME			4 :	2 NAME		
STREET ADDRESS			4.3	STREET ADDRESS		
CITY - ST - ZIP			4 CITY - ST - ZIP		Change Addition	
TiTLE		DELETE		1 TITLE 2 NAME		
NAME				3 STREET ADDRESS		
STREET ADDRESS				4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE		DELETE		1 TITLE		Change Addition
NAME			6:	2 NAME		
STREET ADDRESS	1		6	3 STREET ADDRESS		

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14. I do hereby certify that the information supplied with this filing is voluntarity 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 it niade 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 it chapted, or on an attachment with an address. The receiver or trustee empowered to execute this report as required by criatical distinct and tachment with an address

Richard E DAVIS 45 Its Resident 7/01/96 813-363

SIGNATURE: