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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

P96000030253 (4)

SEAGER, INC.

FILED May 05 1998 8:00am Secretary of State

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P	rincipal Place of Business	Mailing Address	Mailing Address		traditiont ten unrea Beite adert abert Adite butte beite beite febnt betrad fielt ibdi	
\$09 CROCUS TERR #10 HOLLYWOOD FL 33019 US		309 CROCUS TERR #10 HOLLYWOOD FL 33019	#10		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/01/1996	
		US				
2.	Principal Place of Business	2a. Mailing Address	Address		4. FEI Number	Applied For
21		26			65-0660164	Not Applicable
22	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	City & State	City & State	-		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Zip Country	Ζιρ C- 29 30	ountry		This corporation owes or has paid the cu Personal Property Tax due June 30.	rrent year Intangible Yes No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent
SEAGER, MIKE 309 CROCUS TERR #10			81 82	82 Street Address (P.O. Box Number is Not Acceptable)		
	HOLLYWOOD FL 33019		83			
			1 1	ı		

City

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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE SEAGER, MIKE NAME 1.2 NAME 309 CROCUS TERR #10 STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE Addition STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

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 charged, or on an attagriment with an address.

CICNATURE.

SOGAROC

Zip Code