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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000081637 (6)

e. Seili	ER & ASS	SOCI	ATES, INC	Is													
Principal Place of Business Mailing Addres 7300 CAMINO REAL 7300 CAMINO R SUITE 207 SUITE 207 BOCA RATON FL 33433 BOCA RATON F												# 10 81460) 180 10 180 CIPIL 00 111 04 111 1		<b>                                    </b>		MIH II	
										3, Date Incorporated or Qualified 3a. Date of Last F				1 Rep	port		
<del></del>						2a. Mailing Address					4.	FEI Number	_		$\rightarrow$	<del>``</del>	lied For
Suite, Apt	#. etc				26	Suite, Apt #,	elc				╁	07 - 0010101	<u>_</u>				Applicable Iditional
<u></u>						27					5.	Certificate of Status Desired		]		-	uired
City & State						City & State				· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing \$5.00 May Be						May Be
23					28					····		Trust Fund Contribution		<u> </u>	Adde	ed to	Fees
Zip		25	Country		29	Zip	ļ.,	Country 10	1		B.	This corporation has liability for Florida Statutes	or inta	-	tax unde	r <b>s</b> . 1	199.032,
24	g. Name		Address of Cu	urrent F		ered Agent		10]			10.	Name and Address of New I			Agent		
SEIL	LER, ERIC							81	Ī	Name			<del>,</del>				
7300 CAMINO REAL									82 Street Addres			P.O. Box Number is Not Accep	lable)				
SUITE 207									L	• *** **** **** **********************							
BOC	CA RATON	FL 3	3433					83									
								84	84 City					FL	85 Z	ip Co	ode
11, Pursuant	to the provis	ions d	f Sections 607	.0502 £	and <b>6</b> 0	7.1508, Florid	a Statutes	the abov	<b>6</b> -1	named corpo	oratio	on submits this statement for the	e purp		changin	g its	registered
othice or r agent La	registered ag im familiar wi	jent, o Nh, an	r both, in the S accept the c	State of obligation	Florida ons of,	a. Such chang Section 607.0	ge was au 0505, Flori	thorized by ida Statute	y 1 S.	the corporation	on's I	on submits this statement for the board of directors. I hereby acc	cept th	ю арр	ointment	as re	egistered
SIGNATURE	$\times \omega$	u.	Sale	<b>`</b>								<u>د.                                    </u>	<b>7</b>	<u> 2-:</u>	<u> 24-</u>	2	2
12.	Signature, typica	or perit	OFFICERS				INOTE	13.	ent	t signature require		n reinstating) ADDITIONS/CHANGES TO OFI	FICER	SAND	DIRECT	OBS	IN 12
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City - St - 7IP	¥	DCV.	. Kulm	1. 1	<u>u.                                    </u>	<b>\$ 37\$.</b> > □ DEL	CTE	1.4 CITY - \$	1	- ZIP							T A A A A A A A A A A A A A A A A A A A
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NAME						-		6.2 NAME									
PERCEL ADDRESS										000000							

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. Changed. On an attachment with an address.

6.4 CITY-ST-ZIP

**SIGNATURE** 

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

×2-24-97 × 888-416-7257

**FILED** 

Mar 03 1997 8:00am

Secretary of State