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

Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE Sandra B. Morthan 🔭 🥕

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000103723 (8)

SEVILLE INVESTMENTS PROPERTIES INC.

1012 DOUGLAS AVE 1012 DOUGLAS AVE ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714-2030 3. Date Incorporated or Qualified 3a. Date of Last Report 12/20/1996 2. Principal Place of Business 2a. Mailing Address 4. fEl Numbe Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 IBAÑEZ, DANIEL Name 1012 DOUGLAS AVE 82 Street Address (P.O. Box Number is Not Acceptable) **ALTAMONTE SPRINGS FL 32714** 83 84 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 Flarida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am [amiliar and accept the objections of Section 607.05.05, Florida Statutes. SIGNATURE (NOTL: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change TITLE PD DELETE 1.1 7(1), 6 ___ Addition

IBANEZ, DANIEL NAME 1.2 NAME 1012 DOUGLAS AVE 1.3 STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP 14 CITY - ST - ZIP DELETE Change Addition TITLE 21 TRUE IBANEZ, DIANA C NAME 22 NAME 1012 DOUGLAS AVE STREET ADDRESS 23 STREET ADDRESS **ALTAMONTE SPRINGS FL 32714** CITY-ST-ZIP 2. 4 C(1Y - S1 - Z(P DELFTE Change Addition 3.1 1/11 6 TITLE 3.2 NAM6 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - 7IP DELETE 41 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAMI STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 corneration 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 chapted, or on an attachment with an address. I am an officer or director of the corporation or the receiver or trustee appears in Block 12 or Block 13 if changed, or on an attachment with

FILED

Jun 11 1997 8:00am

Secretary of State