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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 29 1997 8:00am

Secretary of State DIVISION OF CORPORATIONS

Secretary of State 1997 DOCUMENT # P96000103922 (6) SEEMAN REALTY CO., INC. Principal Place of Business Mailing Address 1027 LINCOLN STE B CENTURY VILLAGE 1027 LINCOLN STE B CENTURY VILLAGE BOCA RATON FL 33434 **BOCA RATON FL 33434** 3a. Date of Last Flopori 3. Date Incorporated or Qualified 12/23/1996 2. Principal Place of Business Applied For 21 Not Applicable Suite, Ap Suite, Apt. #, etc. \$8.75 Additional Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 Florida Statutes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SEEMAN, CHARLES D 1027 LINCOLN STE B 82 Street Address (P.O. Box Number is Not Acceptable) **CENTURY VILLAGE** 83 **BOCA RATON FL 33434** City 84 Zip Code 11. Pursuant to the provisions of Sactions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of rugistered agent and title it applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-S1-ZIP DELETE Change Addition 3.1 TOLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 C(1Y-S1-2IP CITY-ST-ZIP DELETE Change 4.1 HILE ☐ Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHY-S1-7F CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP Change DELETE ___ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CHY-S1-7F

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 angular 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 receives a trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name