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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

and mid programs

1999

DOCUMENT # P96000103922 1. Corporation Name

SEEMAN REALTY CO., INC.

Principal Place of Business 1027 LINCOLN STE B **BOCA RATON FL 33434**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

23

24

Zip

Mailing Address

1027 LINCOLN STE B CENTURY VILLAGE **BOCA RATON FL 33434**

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90161 019 ***150.00

	DO NOT WRIT	FC IN TU	He enace				
_		E 11/4 I I I	IIS SPACE				
3.	Date Incorporated or Qualifed						
	12/23/1996						
4.	FEI Number		Applied F	OT -			
	65-0726495		Not Applic	cable			
5.	Certificate of Status Desired		\$8.75 Additional Fee Required				
6.	Election Campaign Financing		\$5.00 May B				
	Trust Fund Contribution		Added to Fees	have			
В.	This corporation owes the current year Intangible						
	Personal Property Tax.		☐ Yes ☐ No				
0.	Name and Address of New R	egistere	d Agent				
			<u></u>				

SEEMAN, CHARLES D 1027 LINCOLN STE B **CENTURY VILLAGE BOCA RATON FL 33434**

Country

9. Name and Address of Current Registered Agent

25

10. Name and Address of New Registered Agent								
81	Name							
82	Street Address (P.O. Box Number is Not Acceptable)							
83								
84	City FL 85 Zip Code							

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 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.

Country

30

SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1								
12.	OFFICERS AND DIRECTOR	OFFICERS AND DIRECTORS			-			
TITLE "	P	☐ DELETE	1.1 TITLE	☐ Chang	e 🗌 Addition			
NAME	SEEMAN, CHARLES D.		1.2 NAME					
STREET ADDRESS	1027 LINCOLN B.	_	1.3 STREET ADDRESS					
CITY-ST-ZIP ·	BOCA RATON FL		1.4 CITY-ST-ZIP					
TITLE		☐ DELETE	2.1 TITLE	☐ Chang	e [] Addition			
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS		ļ			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE	☐ Chang	e 🔲 Addition			
NAME	to the control of the second of the control of the	-	3.2 NAME		- 1			
STREET ADDRESS			3.3 STREET ADORESS		}			
CITY-ST-ZIP			3.4. CITY-ST-ZIP	4.5.647				
TITLE		☐ DELETE	4.1 TITLE	☐ Chang	e			
NAME	•		4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS		,			
CITY-ST-ZIP	·		4.4 CITY-ST-ZIP					
TITLE	•	☐ DELETE	5.1 TITLE	Chang	e 🗌 Addition 🖁			
NAME	•		5.2 NAME	,				
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE	☐ Chang	e			
NAME			6.2 NAME		1			
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP					

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 of 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 chang