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

P97000072306 (8) DOCUMENT #

SEYMOUR DAYAN FINANCIAL GROUP, INC.

Principal Place	of Business	Mailing Address			T TENNE EINST NAMM DITT TONS	
1118 NE 5TH TERR. 1118 NE 5TH TERR. FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304						
				DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified	JPACE	
A Dissipat Dis	and Division in the second sec			08/19/1997	·	
2. Principal Place of Business		2a. Mailing Address		4. FELNumber 74 153	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc	<u> </u>		Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr		
24	25	29	30		Yes No	
	Name and Address of Current Registered Agent SEYMOUR, LINDA			10. Name and Address of New Registered A	10. Name and Address of New Registered Agent	
		· · · · · · · · · · · · · · · · · · ·	Statutes, the above-name was authorized by the control of the cont	FL ned corporation submits this statement for the purpose of corporation's board of directors. I hereby accept the appo	85 Zip Code changing its registered bintment as registered	
	produre, typed or printed name of registered a		(NOTE Registered Agent signs	alure required when reinstating) DATE	1 10	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND		
NAME STREET ADDRESS	resident Sakon Seymou 1118 NE.S Jerr		1.2 NAME 1.3 STREET ADDRES		☐ Change ☐ Addition	
TITLE	P.S. Landerdale, Flo	Sceretary DELETI	1.4 CHY-S1-ZIP 2.1 TITLE		Change Addition	
NAME STREET ADDRESS	linda Seumour	£ £	2.2 NAME 2.3 STREET ADDRES	SSS		
CITY-ST-ZIP	ort Lauder dale ,!	FL 33304	2 4 C!TY - ST - ZIP			
TITLE	Secretary Vice Pr	resident DELETE	3 1 THTLE		Change Addition	
NAME -	Liam Dayon	ZO	3.2 NAME			
STREET ADDRESS	1116 NE STEAR		3.3 STREET ADDRES	ss		
CITY_ST_7IP	「食生したいんだん」 「「	TTTT	9.4 City of 2in			

CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 changed, or on an attachment with an address

4.1 TITLE

4. 2 NAME

5.1 TOLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - 2(P

4.4 CITY-ST-ZIP

DELETE

DELETE

DELETE

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Change

Change

Change

. Addition

Addition

Addition

FILED

May 07 1998 8:00am

Secretary of State