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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000085695 1. Corporation Name

SEMINOLE MANIA, INC.

## FILED May 19, 1999 8:00 am Secretary of State

05-19-1999 90006 003 \*\*\*900.00



Principal Place of Business	Mailing Address			aefet talat altia attla	INCOC NEEL CANE
3495-5 THOMASVILLE RD. 3495-5 THOMASVILLE RD. TALLAHASSEE FL 32308 TALLAHASSEE FL 32308					
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DO NOT WRITE IN	THIS SPACE	
			3. Date Incorporated or Qualifed		
			10/06/1998		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	<b>∠</b> Ap	
Suite. Apt. #. etc.	Suite, Apt. #, etc.			\$8.75 A	t Applicable
22	27		5. Certificate of Status Desired	Fee Re	
City & State	City & State		6. Election Campaign Financing	\$5.00	May Re
23	28		Trust Fund Contribution	Added to	•
Zip Country	Zip	Country	8. This corporation owes the current year		
24 25	29		Personal Property Tax.		□No
9. Name and Address of Current	t Regist	جي<	10. Name and Address of New Registe	ered Agent	
DYER, MACALL	t Regist D CK	ne.			
3495-5 THOMASVILLE RD.	Z 09	O	dress (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32308					
1					
				FL 85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502	2 and 60		rooration submits this statement for the purpose	se of changing its	registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligate	of Florid		ition's board of directors. I hereby accept the a	appointment as req	gistered
SIGNATURE MALLY Age	ions of, occitor our loods, more	da Olatotes.	V 4/20	14 2	
Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	egistered Agent signature re		<u> </u>	
Signature, typed or printed name of registered agen  12. OFFICERS AN	D DIRECTORS	13.	quired when reinstating) DAT ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
Signature, typed or printed name of registered agen  12. OFFICERS AN  TITLE President Oi-exi-		13. 1.1 TITLE		<u> </u>	RS IN 12
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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, with all other like empowered.

SIGNATURE:

Mulay Din Malay Oyer

4/30/44