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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$45605 SEDA OF AMERICA, INC.

(0)

FILED Apr 22 1997 8:00am Secretary of State



Principal Place of Business 5577 64TH WAY N. ST. PETERSBURG FL 33709		Mailing Address P.O. BOX 1456 LARGO FL 33779-1456 US			165 46164 6111 414		Parti same	
US		US	03		3. Date Incorporated or Qualified			port
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address					plied For
21		26	- \$\$					t Applicable
Suite, Apt. #, ctc.		Suito, Apt #, etc.	27 Suite, Apr. #, etc.		5. Certificate of Status D	Desired	\$8.75 A Fee Re	
City & State		City & State	} ′		6. Election Campaign Fi		\$5.00	
Z(p)	Country	Zip	Cour	ntrv	Trust Fund Contribution 8. This corporation has t		Added to	
24	25	29	30	~,	Florida Statutes		No	199.662,
	9. Name and Address of Curre	nt Registered Agent		- : 1 - : : : : : : : : : : : : : : : :	10. Name and Address of	of New Register	ed Agent	
BARBER, JOHN				81 Name	1166INS.	RARRI	VA.	
7455 38TH AVENUE N				82 Street Andre	ess (P.O. Box Number1s No HAAGSへ	(Acceptable)	love Alox	2574
21ST FLOOR ST. PETE FL 33710				63	A MACORIC	VINW V	<u> </u>	2313
31. 1	EIL I C 007 IV		,		······································		[a=[7:- c	5 - 4
			ļ	84 City S %	MINULA	F	FL 85 Zip C	776
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the at	was pomod corp	aration cultimite this statema	nt for the purpos	se of changing its	s registered
agent La	registered agent, or both, in the State im family with, and accept the ablig	rations of, Section 607.0505, F	lorida Stati			tony accept the		agistored
SIGNATURE	100 U. /do	BAN	24 3		CIUS	4/	11/91	
12.	Signification of printed name of registere OFFICERS AN	ant and lifte if applicable (NO VD DIRECTORS	13.	Agent signature require	ADDITIONS/CHANGES	TO OFFICERS	AND DIRECTOR	S IN 12
TITLE	DP	☐ DÉLETE	1.1 111	LE	to considerate to a confirmation to the side		☐ Change	Addition
NAME	DAGN, JOSEF		1.2 NA	ME				
STREET ADDRESS	SCHWENDTER STR. 10		1.3 \$1	REET ADDRESS				
CHY-S1-7(P	KOESSEN, AUSTRIA	T pourtr		Y-ST-ZIP	······		T 05	Addition
TITLE	VTS Pietromonaco, Rosemarie	DELETE	2.1 TIT 2.2 NA	i			Change	Addition
NAME STREET ADDRESS	33 ARGYLE PL	•		REET ADDRESS				l
CITY-ST-ZIP	SMITHTOWN NY		1	TY-ST-ZIP				
HILE	MD	DELETE	3 1 TIT		 		. Change	Addition
NAME	HIGGINS, BARRY A.		3.2 NA	ME				
STREET ADDRESS	7524 HARBOR VIEW WAY N.		3.3 ST	REET ADDRESS				
CITY+ST-ZIP	SEMINOLE FL	Thru Fee		TY-ST-ZIP			Dhana:	Addition
TITLE		L. DELETE	4.1 117	``			Change	Addition
NAME STREET ADDRESS			4. 2 N/	REET ADDRESS				
City - ST - ZiP				Y-ST-ZIP				
Tille		DELETE	5.1 TIT				Charige	Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5 3 ST	REET ADDRESS				
CITY-ST-7IP			5.4 CF	Y-ST-ZIP				
1-TLF		DELETE	6.1 TiT	ſ			☐ Charge	Addition
NAMÉ			6.2 NA					
STREET ADORESS				REET ADDRESS				
CITY - ST - ZIP			6.4 CI	Y-ST-ZIP				

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 inclicated 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.

SIGNATURE: