

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V71213
1. Corporation Name
SEMMUL COMPANY

(5)

Principal Place of Business
2570 S. NOVA RD.
SOUTH DAYTONA FL 32119

Mailing Address
2570 S. NOVA RD.
SOUTH DAYTONA FL 32119

FILED

97 SEP 12 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/12/1992	3a. Date of Last Report 05/17/1996
4. FEI Number 59-3145873	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

FITZMAURICE, BONGKOOK
2570 S. NOVA RD.
SOUTH DAYTONA FL 32119

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	12. NAME
STREET ADDRESS	CITY-ST-ZIP	13. STREET ADDRESS	14. CITY-ST-ZIP
TITLE	NAME	21. TITLE	22. NAME
STREET ADDRESS	CITY-ST-ZIP	23. STREET ADDRESS	24. CITY-ST-ZIP
TITLE	NAME	31. TITLE	32. NAME
STREET ADDRESS	CITY-ST-ZIP	33. STREET ADDRESS	34. CITY-ST-ZIP
TITLE	NAME	41. TITLE	42. NAME
STREET ADDRESS	CITY-ST-ZIP	43. STREET ADDRESS	44. CITY-ST-ZIP
TITLE	NAME	51. TITLE	52. NAME
STREET ADDRESS	CITY-ST-ZIP	53. STREET ADDRESS	54. CITY-ST-ZIP
TITLE	NAME	61. TITLE	62. NAME
STREET ADDRESS	CITY-ST-ZIP	63. STREET ADDRESS	64. CITY-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 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.

SIGNATURE:

[Signature]

9/12/97 9:43:22 AM

CR2E034 (4/97)