

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 741813 (0)  
1. Corporation Name  
SEASCAPE CLUSTER, INCORPORATED



Principal Place of Business Mailing Address  
ELLIOTT MERRILL MANAGEMENT 1105 12TH ST VERO BCH FL 32960 US

3. Date Incorporated or Qualified 02/24/1978  
3a. Date of Last Report 04/23/1996  
4. FEI Number 59-1874037  
Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
ELLIOTT MERRILL MANAGEMENT  
1105 12TH STREET  
VERO BEACH FL 32960

10. Name and Address of New Registered Agent  
81 Name CRAIG MERRILL  
82 Street Address (P.O. Box Number is Not Acceptable) ELLIOTT MERRILL CTRV MGMT  
83 2905 N. MA.  
84 City FT. PIERCE FL 85 Zip Code 34949

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	FLANAGAN, JAMES	2400 S OCEAN DRIVE, #4282	FT. PIERCE FL	<input type="checkbox"/> DELETE
TITLE	VD	FIEDLER, WERNER C.	2400 S OCEAN DRIVE, #4294	FT. PIERCE FL	<input type="checkbox"/> DELETE
TITLE	PD	MEE, JOHN	2400 S OCEAN DRIVE	FT. PIERCE FL	<input type="checkbox"/> DELETE
TITLE	SD	MEE, CHARLOTTE	2400 S OCEAN DRIVE, #4384	FT. PIERCE FL	<input type="checkbox"/> DELETE
TITLE	D	FERLISI, CARMEN	2400 S OCEAN DRIVE, #4141	FT. PIERCE FL 34949	<input type="checkbox"/> DELETE
TITLE	D	DOUGHERTY, EDWARD	2400 S OCEAN DRIVE, #4291	FT. PIERCE FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

**PLEASE ADD:**

**TD  
ROBERT BECK  
2400 S. OCEAN DRIVE, #4352  
FT. PIERCE, FL 34949**