

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 PM 2:12

DOCUMENT # **K70625** (4)

SEA LIFE ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

Principal Office Address: **1428 E SEMORAN BLVD SUITE 111 APOPKA FL 32703**
Mailing Address: **1428 E SEMORAN BLVD SUITE 111 APOPKA FL 32703**

3. Date incorporated (2 years)	3a. Date of Last Report
03/06/1989	02/01/1994
4. FIC Number	Applied For / Not Applicable
59-3029197	
5. Certificate of Status (years)	\$8.75 Additional Fee Required
6. Election Campaign Financing / Trust Fund Contribution	\$5.00 May Be Added to Fees
6. This corporation has liability for taxes under 109-GA? (Yes/No)	

21. Principal Office Address	2a. Mailing Address
22. State - Agent	27. State - Agent
23. City & State	28. City & State
24. Zip	29. Zip
25. County	30. County

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COURT, MARIE ELIZE 2827 BERMUDA AVENUE NORTH APOPKA FL 32703	B1. Name
	B2. Street Address (P.O. Box Number is Not Acceptable)
	B3. City
	B4. State
	B5. Zip Code

11. Pursuant to the provisions of Sections 602.15(2) and 602.15(3), Florida Statutes, the above named corporation submits the 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, thereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 602.15(3), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
1. NAME: PSD COURT, MARIE ELIZE 2. STREET ADDRESS: 2827 BERMUDA AVE. 3. CITY: APOPKA, FL 32703	1. NAME: _____ 2. STREET ADDRESS: _____ 3. CITY: _____
4. NAME: _____ 5. STREET ADDRESS: _____ 6. CITY: _____	4. NAME: _____ 5. STREET ADDRESS: _____ 6. CITY: _____
7. NAME: _____ 8. STREET ADDRESS: _____ 9. CITY: _____	7. NAME: _____ 8. STREET ADDRESS: _____ 9. CITY: _____
10. NAME: _____ 11. STREET ADDRESS: _____ 12. CITY: _____	10. NAME: _____ 11. STREET ADDRESS: _____ 12. CITY: _____
13. NAME: _____ 14. STREET ADDRESS: _____ 15. CITY: _____	13. NAME: _____ 14. STREET ADDRESS: _____ 15. CITY: _____
16. NAME: _____ 17. STREET ADDRESS: _____ 18. CITY: _____	16. NAME: _____ 17. STREET ADDRESS: _____ 18. CITY: _____

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that I am duly qualified to act as a registered agent for the corporation in the State of Florida. I am familiar with and accept the obligations of Section 602.15(3), Florida Statutes, and that my signature shall have the same effect as if it were made by the person named in the report of the corporation or the person named in the report of the corporation's board of directors, and that my name appears in the list of directors of the corporation with an address.

SIGNATURE: *Marie Elize Court* **May 1, 95** 401 889 8887