

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

0578465

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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APPROVED AND FILED

99 JAN 19 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # L61859**  
 1. Corporation Name  
**SEAMAN DEVELOPMENT CORP.**

Principal Place of Business 11540 HIGHWAY 92 EAST 101 E. KENNEDY BLVD., SUITE 2000 SEFFNER FL 33584 US	Mailing Address 11540 HIGHWAY 92 E. 101 E. KENNEDY BLVD., SUITE 2000 SEFFNER FL 33584 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/29/1990</b>	
21	22	26	27	4. FEI Number <b>59-3000017</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BEYER, DAVID A. RUDNICK & WOLFE 101 E. KENNEDY BLVD., SUITE 2000 TAMPA FL 33602				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SEAMAN, JEFFREY RICHAR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11540 HIGHWAY 92 EAST	1.2 NAME	<b>300002752173--8</b>
STREET ADDRESS	SEFFNER FL	1.3 STREET ADDRESS	<b>-01/22/99--01112--018</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>***150.00 ***150.00</b>
TITLE	VD PLANCHER, JILL SEAMAN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11540 HIGHWAY 92 EAST	2.2 NAME	
STREET ADDRESS	SEFFNER FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SV FINKEL, JEFFREY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11540 HIGHWAY 92 EAST	3.2 NAME	
STREET ADDRESS	SEFFNER FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	ST STEIN, LEWIS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11540 HIGHWAY 92 EAST	4.2 NAME	
STREET ADDRESS	SEFFNER FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AS SCHWARTZ, LARRY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11540 HIGHWAY 92 EAST	5.2 NAME	
STREET ADDRESS	SEFFNER FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: \_\_\_\_\_ **SIGNATURE REQUIRED** JAN 13 1999  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)