SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** L62110 (6)SEA OATS REALTY, INC. Principal Place of Business Mailing Address 1931 W BAY DR 1931 W BAY DR. **LARGO FL 34640** LARGO FL 34640 US US 3. Date Incorporated or Qualified 3a. Date of Last Report 03/20/1990 04/19/1995 2. Principal Place of Business 2a. Mailing Address 4. FFI Numbe Applied For 21 26 59-3005042 Not Applicable Suite, Apt. #. etc. Suite Apt #, etc. \$8.75 Additional 22 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has hability for intangible tax under s 199 032 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 OATES, PATRICK T. Name 13300 INDIAN ROCKS ROAD, #303 62 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34615** 83 84 City 85 Zφ Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statlites, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept this appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signation type disciplinated name of registered apart and the diagraphs (MEDE) Registered Agents quartize in quied when renating it OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)TITLE DELETE 1.1 III: F Change Addition NAME OATES, PATRICK T. 1.2 NAME CR2E034 STREET ADDRESS 13300 IND. ROCKS RD #303 1.3 STREET ADDRESS LARGO, FL 34640 CITY - ST - ZIP 14 C/TY ST-ZP TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - 2IP TITLE DELETE 3 1 TITLE Criange Addition NAME 3.2 NAM5 STREET ADDRESS 3.3 STREET ADDRESS. CITY-ST-ZIP 3.4 CiTY-ST ZIP DILE DELETE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STHEET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 THLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - 21P TITLE DELETE 6 1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 64 CHY+ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify that the information indicated on this armust report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; the I am an office) or director of the exportation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appy op an attachment with an address 7/25/96 813-585-1001 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF