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ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 JUL 26 PM 10:45

[illegible] STATE
[illegible] FLORIDA

DOCUMENT # L77875

1. Corporation Name
Seaview Vacations Inc

Principal Place of Business	Mailing Address
9801 Bay Pines Blvd St. Petersburg Fl 33708	1908 Bay Pines Blvd St. Petersburg Fl 33708

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified | 3a. Date of Last Report

4. FEI Number
79 3013130
☐ 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

9. Name and Address of Current Registered Agent

Comprehensive Management Inc
9801 Bay Pines Blvd
St. Petersburg Fl 33708

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ 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	P/D	1.1 TITLE	☐ Change ☐ Addition
NAME	Thomas Clark	1.2 NAME	
STREET ADDRESS	1063 Langrun Rd	1.3 STREET ADDRESS	
CITY-ST-ZIP	McKeesport PA 15132	1.4 CITY-ST-ZIP	
TITLE	V/P Sec/Treas	2.1 TITLE	☐ Change ☐ Addition
NAME	Robinson, Ronald	2.2 NAME	
STREET ADDRESS	511 Branstone Dr	2.3 STREET ADDRESS	
CITY-ST-ZIP	Waterloo ONT CN N2K 1X8	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	Hickey, Robert	3.2 NAME	
STREET ADDRESS	905 Aruba Crescent	3.3 STREET ADDRESS	
CITY-ST-ZIP	Oshawa ONT CN L1H 6B6	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	Nadenik, George	4.2 NAME	
STREET ADDRESS	2325 White Oak Dr	4.3 STREET ADDRESS	
CITY-ST-ZIP	Northbrook IL 60062	4.4 CITY-ST-ZIP	
TITLE	D/	5.1 TITLE	☐ Change ☐ Addition
NAME	Vanetes, Colleen	5.2 NAME	
STREET ADDRESS	40566 N Sunset Dr	5.3 STREET ADDRESS	
CITY-ST-ZIP	Antioch IL 60002	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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)(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.

Dep by Bank CH

SIGNATURE: [signature] Agent 7/17/95 813 393-4370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #