

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L77875 (7)

1. Corporation Name
SEAVIEW VACATIONS, INC.



Principal Place of Business: **9901 BAY PINES BLVD. ST. PETERSBURG FL 33708 US**
Mailing Address: **1908 BAY PINES BLVD. ST. PETERSBURG FL 33708**

3. Date Incorporated or Qualified 06/01/1990	3a. Date of Last Report 07/26/1995
4. FEI Number 59-3013130	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**COMPREHENSIVE MANAGEMENT INC.
9801 BAY PINES BLVD.
SUITE D
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
85. Zip Code

FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
BB VP	CLARK, THOMAS E.	1063 LONGRUN RD	MCKEESPORT PA 15132	
	VST	ROBINSON, RONALD	511 BRAINSTONE DR.	<input checked="" type="checkbox"/> DELETE
	D	HICKEY, ROBERT	708 ARUBA CRESENT	<input checked="" type="checkbox"/> DELETE
	Treas/sect	NADENIK, GEORGE	2325 WHITE OAK DR.	<input type="checkbox"/> DELETE
	D	VAUETERS, COLLEEN	40566 N. SUNSET DR.	<input checked="" type="checkbox"/> DELETE
			ANTIOCH IL 60002	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PRES
1.3 STREET ADDRESS	Tim McCandless
1.4 CITY - ST - ZIP	2720 Airport Blvd
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas S. Clark
2.3 STREET ADDRESS	2420 Inglewood Dr.
2.4 CITY - ST - ZIP	MCKEESPORT, PA 15131
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John Kregel
3.3 STREET ADDRESS	20779 King Road
3.4 CITY - ST - ZIP	GARNAVILLE, Iowa 52049
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Tim Seale
4.3 STREET ADDRESS	2511 McClintock Road
4.4 CITY - ST - ZIP	White Oak, PA 15131
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Leroy Kramer
5.3 STREET ADDRESS	27685 Butler Center Rd.
5.4 CITY - ST - ZIP	Clarksville, Iowa 50619
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 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 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.

SIGNATURE: Thomas S. Clark, Jr. DATE: Jan 19-96 (813) 3923741

CR2E034 (12/95)