

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Matham
Secretary of State
DIVISION OF CORPORATIONS

APR 29 1995

05 MAR 1995 10:29

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **M49996** (5)
Corporate Name
SEA CONSULTANTS, INC.

Principal Place of Business: **C/O JOHN H. COHEN
1300 SW 19TH ST.
FT. LAUDERDALE FL 33315**
Mailing Address: **C/O JOHN H. COHEN
1300 SW 19TH ST.
FT. LAUDERDALE FL 33315**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/09/1987	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0001626	Applied For 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 § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**COHEN, JOHN H.
1300 SW 19TH ST.
FT. LAUDERDALE FL 33315**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.01(2) 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 607.01(2), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

OFFICE	PD
NAME	COHEN, JOHN H.
STREET ADDRESS	1300 SW 19TH ST.
CITY & STATE	FT. LAUDERDALE FL
OFFICE	SD
NAME	COHEN, JANNIFER J.
STREET ADDRESS	1300 SW 19TH ST.
CITY & STATE	FT. LAUDERDALE FL
OFFICE	
NAME	
STREET ADDRESS	
CITY & STATE	
OFFICE	
NAME	
STREET ADDRESS	
CITY & STATE	
OFFICE	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY & STATE	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY & STATE	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY & STATE	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY & STATE	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. CITY & STATE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(2)(b), Florida Statutes. I further certify that the information included 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. This form is effective on behalf of the corporation or the officer or director designated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Jennifer Cohen - Secretary/Director*
SIGNATURE AND FULL PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/30/95 305-467-6374
DATE TELEPHONE NUMBER