

**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.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

96 SEP -6 PM 12: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M49996** (5)

1. Corporation 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**

3. Date incorporated or Qualified: **04/09/1987**

3a. Date of Last Report: **05/01/1995**

4. FET Number: **65-0001626**

Applied For:  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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

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

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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

Signature typed or printed name of registered agent and the appropriate title. Registered Agent signature required on Form 2000.

**12. OFFICERS AND DIRECTORS**

TITLE: **PD**  DELETE

NAME: **COHEN, JOHN H.**

STREET ADDRESS: **1300 SW 19TH ST.**

CITY-ST-ZIP: **FT. LAUDERDALE FL**

TITLE: **SD**  DELETE

NAME: **COHEN, JANNIFER J.**

STREET ADDRESS: **1300 SW 19TH ST.**

CITY-ST-ZIP: **FT. LAUDERDALE FL**

TITLE:  DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE:  DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE:  DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

Change  Addition

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE  Change  Addition

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE  Change  Addition

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE  Change  Addition

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE  Change  Addition

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

**100001950831**  
**-09/18/96--01088--0110**  
**\*\*\*\*375.00\*\*\*\*375.00**

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John H. Cohen** 8/6/96 954-467-6374

CR2E034 (3/96)