

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**APPROVED
AND
FILED**

1997 FEB 11 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000010131 (0)

1. Corporation Name
SEAGULL DEVELOPMENT CORPORATION



Principal Place of Business 446 COLLINS AVE. MIAMI BEACH FL 33139	Mailing Address 446 COLLINS AVE. MIAMI BEACH FL 33139-6610
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3. Date Incorporated or Qualified 12/08/1992	3a. Date of Last Report 03/22/1996
4. FEI Number 65-0385868	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 1 South Pointe Drive Suite, Apt. #, etc.	2a. Mailing Address 26 1 South Pointe Drive Suite, Apt. #, etc.
22 City & State Miami Beach FL	27 City & State Miami Beach FL
23 Zip 33139	28 Zip 33139
24 Country	30 Country

9. Name and Address of Current Registered Agent

THREATT, ROBERT R.
446 COLLINS AVENUE XX
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1 South Pointe Drive
83	
84 City	Miami Beach FL
85 Zip Code	33139

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	DPST	<input type="checkbox"/> DELETE
NAME	KRAMER, THOMAS	
STREET ADDRESS	446 COLLINS AVE XXXX	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HANAV, H.	
STREET ADDRESS	446 COLLINS AVENUE XXXX	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	NEE, M.	
STREET ADDRESS	446 COLLINS AVENUE XXXX	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1 South Pointe Drive
1.4 CITY-ST-ZIP	Miami Beach FL 33139
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1 South Pointe Drive
2.4 CITY-ST-ZIP	Miami Beach FL 33139
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1 South Pointe Drive
3.4 CITY-ST-ZIP	Miami Beach FL 33139
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	300002084219--2
4.4 CITY-ST-ZIP	-02/11/97--01153--004
	***165.00 ***165.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 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.

SIGNATURE: *Margaret Nee* V.P. 2/7/97 305-532-2519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)