

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

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1997 FEB 11 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P92000010131 (0)**  
 1. Corporation Name  
**SEAGULL DEVELOPMENT CORPORATION**



Principal Place of Business <b>446 COLLINS AVE. MIAMI BEACH FL 33139</b>	Mailing Address <b>446 COLLINS AVE. MIAMI BEACH FL 33139-6610</b>
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3. Date Incorporated or Qualified <b>12/08/1992</b>	3a. Date of Last Report <b>03/22/1996</b>
4. FEI Number <b>65-0385868</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 <b>1 South Pointe Drive</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>1 South Pointe Drive</b> Suite, Apt. #, etc.
22 City & State <b>Miami Beach FL</b>	27 City & State <b>Miami Beach FL</b>
23 Zip <b>33139</b>	28 Zip <b>33139</b>
24 Country	30 Country

9. Name and Address of Current Registered Agent <b>THREATT, ROBERT R. 446 COLLINS AVENUE XX MIAMI BEACH FL 33139</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>1 South Pointe Drive</b> 83 84 City <b>Miami Beach</b> <b>FL</b> 85 Zip Code <b>33139</b>	
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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		DELETED
TITLE <b>DPST</b>	NAME <b>KRAMER, THOMAS</b>	<input type="checkbox"/>
STREET ADDRESS <b>446 COLLINS AVE XXXX</b>	CITY-ST-ZIP <b>MIAMI BEACH FL</b>	
TITLE <b>V</b>	NAME <b>HANAV, H.</b>	<input type="checkbox"/>
STREET ADDRESS <b>446 COLLINS AVENUE XXXX</b>	CITY-ST-ZIP <b>MIAMI BEACH FL</b>	
TITLE <b>VPS</b>	NAME <b>NEE, M.</b>	<input type="checkbox"/>
STREET ADDRESS <b>446 COLLINS AVENUE XXXX</b>	CITY-ST-ZIP <b>MIAMI BEACH FL</b>	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	1.2 NAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS <b>1 South Pointe Drive</b>	1.4 CITY-ST-ZIP <b>Miami Beach FL 33139</b>		
2.1 TITLE	2.2 NAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS <b>1 South Pointe Drive</b>	2.4 CITY-ST-ZIP <b>Miami Beach FL 33139</b>		
3.1 TITLE	3.2 NAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS <b>1 South Pointe Drive</b>	3.4 CITY-ST-ZIP <b>Miami Beach FL 33139</b>		
4.1 TITLE	4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS <b>300002084219--2</b>	4.4 CITY-ST-ZIP <b>-02/11/97--01153--004</b>		
5.1 TITLE	5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS <b>***165.00</b>	5.4 CITY-ST-ZIP <b>***165.00</b>		
6.1 TITLE	6.2 NAME	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)