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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION OF (CORPORATIONS		
1. Corporation	MENT # P9300	0065453 (1)			
Oneon	CEAFRESS FINANCE, INC.			1 10.0 0000 1100 11000 11000 11000 11000 11000 11000 11000 11000 11000 11000 11000 11000 11000 11000 11000 11000	
Principal Place	e of Business	Mailing Address			
101 E. KENNEDY BLVD. # 3800 Tampa Fl 33602		101 E. KENNEDY BLVD.			
		# 3800 Tampa Fl 33602			
US		US		 Date Incorporated or Qualified 09/17/1993 	3a. Date of Last Report 03/21/1995
	ace of Business	2a. Mailing Address	n	4. FLI Number	Applied For
21 123 (<i>(y</i>	recnway Drike #, etc.	26 1231 (sveenway Suite, Apt #, etc.	Vrive	59-3206802	Not Applicable \$8.75 Additional
22 800		27 800		5. Certificate of Status Desired	Fee Required
City & State 23 Julium		City & State 28 INVING TX		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Ziprazce	Country	8. This corporation has liability fo	r intangible tax under s. 199.032,
24 75 <i>0</i> 38	9. Name and Address of Curren	29 <i> 7 38</i> Registered Agent	30 Dallas	Florida Stalutes Ye 10. Name and Address of New	S No
		······································	81 Name	1-1	
	LANG, LARRY F			<u> </u>	ble)
#3800, 1 TAMPA F	101 EAST KENNEDY BLVD.		83	200 South Vine Island Koad	
וְ ַ מַ ווווּמייַ ו	L 33002				·
			84 Orty 7/	antation	FL 85 Zip Code 32324
11. Pursuant t or register	to the provisions of Sections 607.0502 ed agent, or both, in the State of Florid	and 607.1508, Florida Statutes da. Such change was authorized	, the above named corp of by the corporation's b	poration submits this statement for the proporation submits this statement for the proporation succept the appropriate of directors. Thereby accept the appropriate statement is supported by the submits of the submits	rpose of changing its registered office pointment as registered agent. I am
	th, and accept the obligations of, Sect	ion 67,0505. Flodia Statutes	,	3	19/26
	Signature, typed or printed name of registered agent	f	. Progistered Agenit signature req		CMIE
12.	OFFICERS AND	D DIRECTORS /	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
NAME	LANG, LARRY F	[DERCAL	1.2 NAME	President, CEDand Director	Change Addition
STREET ADDRESS	101 EAST KENNEDY BLVD., S	SUITE, 3800	1.3 STREET ADDRESS	Donald H. Nelistadt 1231 Greenway Dr., Suite 800	
CITY-ST-ZIP	TAMPA FL 33602		1.4 CHTY+ST-ZIP	Irving TY 75038	
NAME :		Defete		Vice Procedent, Director	Change 🗹 Addition
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS	Kaymand E. NicCorty	
CITY-S1-ZIP				1231 Greenway Dr., Suite 800 Iwing, TX 75038	,
TITLÉ		☐ DELETE		Speretury, Director	☐ Change ☑ Addition
NAME			3.2 NAME	Inomas E. Larson	
STHEET ACORESS			3.3 STHEET ADDRESS	1231 Greenway Dr., Suite 800 Irving, TX 75038	
CITY-ST-ZIP TITEF		☐ DELETE	3.4.011Y-S1-ZIP 4.1.1ILE	Arving, IX 15038	Change Addition
NAME			4.2 NAME		C onange L Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City - St - ZiP		
THLE		☐ DELETE	5 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			5 2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CHY-ST-ZIP		
TITLE		☐ DELETE	6 1 THLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do hereby certify that the information supplied with this filing is vo'untarily 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:

SIGNATURE AND TYPES AS SOLUTION.

214-550-5100