

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. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000060603 (5)
 1. Corporation Name
SEAFAIR MANAGEMENT CORP.



Principal Place of Business 4601 SHERIDAN ST SUITE 206 HOLLYWOOD FL 33021 US	Mailing Address 4601 SHERIDAN ST SUITE 206 HOLLYWOOD FL 33021 US
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2. Principal Place of Business 21 800 W. Oakland Park Blvd. Suite, Apt #, etc 22 Suite 100 City & State 23 Ft. Lauderdale, FL Zip 24 33311	2a. Mailing Address 26 800 W. Oakland Park Blvd. Suite, Apt #, etc 27 Suite 100 City & State 28 Florida Ft. Lauderdale, Zip 29 33311 Country 30 Brown	3. Date Incorporated or Qualified 08/17/1994	3a. Date of Last Report 04/24/1995
		4. FEI Number 65-0312600	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 s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ALEX T BANK ESO
4601 SHERIDAN ST
SUITE 105
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent
 81 Name **Ellis S. Simms**
 82 Street Address (P.O. Box Number is Not Acceptable)
800 W. Oakland Park Blvd
 83 **Suite 100**
 84 City **Ft Lauderdale** FL 85 Zip Code **33311**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 appointment of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and fee, if applicable. (NOT) Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	ROSS, STEVE	
STREET ADDRESS	720 N STATE RD 7	
CITY-ST-ZIP	PLANTATION FL	
TITLE	Director	<input type="checkbox"/>
NAME	Ellis S. Simms	
STREET ADDRESS	800 west oakland park Blvd	
CITY-ST-ZIP	Ft. Lauderdale, FL 33311	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE	400001906024	<input type="checkbox"/>	<input type="checkbox"/>
52 NAME	-07/26/96--01085--001		
53 STREET ADDRESS	***200.00		
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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 on an attachment with an address.

SIGNATURE: _____ DATE: **6/24/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)