

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/2

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90062 048 \*\*\*150.00

**DOCUMENT # P99000058147**

1. Entity Name  
**SEAROCK ACQUISITION CORP.**

Principal Place of Business      Mailing Address  
**110 NORTH DIXIE HIGHWAY**      **110 NORTH DIXIE HIGHWAY**  
**STUART FL 34994**                      **STUART FL 34994-1108**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip      Country                      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**WAXLER, CAROL S ESQ.**  
**110 NORTH DIXIE HIGHWAY**  
**STUART FL 34994**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS      12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/Chairman/CEO <input type="checkbox"/> Delete
NAME	Dwight Tracy
STREET ADDRESS	1445 S.E. 16th Street
CITY-ST-ZIP	Ft. Lauderdale, FL 33316
TITLE	D/P/COO <input type="checkbox"/> Delete
NAME	Anthony A. Pasca, Jr.
STREET ADDRESS	1445 S.E. 16th Street
CITY-ST-ZIP	Ft. Lauderdale, FL 33316
TITLE	V/General Counsel <input type="checkbox"/> Delete
NAME	Carol S. Waxler
STREET ADDRESS	110 N. Dixie Highway
CITY-ST-ZIP	Stuart, FL 34994
TITLE	S/CFO <input type="checkbox"/> Delete
NAME	Greg Stepic
STREET ADDRESS	401 S.W. 1st Avenue
CITY-ST-ZIP	Ft. Lauderdale, FL 33316
TITLE	D <input type="checkbox"/> Delete
NAME	Robert J. Tomsich
STREET ADDRESS	6140 Parkland Boulevard
CITY-ST-ZIP	Mayfield Heights, OH 44124
TITLE	D <input type="checkbox"/> Delete
NAME	Frank J. Rzicznek
STREET ADDRESS	6140 Parkland Boulevard
CITY-ST-ZIP	Mayfield Heights, OH 44124

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John R. Tomsich
STREET ADDRESS	6140 Parkland Boulevard
CITY-ST-ZIP	Mayfield Heights, OH 44124
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol S. Waxler      4/24/00      (561) 692-1122  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #