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Mar 10 1997 8:00am
Secretary of State



PROFIT CORPORATION
 ANNUAL REPORT
 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S03803 (1)
 1. Corporation Name
SEASONAL ENTERPRISES, INC.



Principal Place of Business: **301 ISLAND ROAD WEST PALM BEACH FL 33406**
 Mailing Address: **301 ISLAND ROAD WEST PALM BEACH FL 33406-3220**

3. Date Incorporated or Qualified: **09/28/1990** 3a. Date of Last Report: **03/29/1996**
 4. FEI Number: **65-0238493** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 7070 Pioneer Rd**
 Suite, Apt. #, etc.:
 City & State: **23 West Palm Beach, FL**
 Zip: **24 33413** Country: **25 USA**
 2a. Mailing Address: **26 7070 Pioneer Rd**
 Suite, Apt. #, etc.:
 City & State: **28 West Palm Beach, FL**
 Zip: **29 33413** Country: **30 USA**

9. Name and Address of Current Registered Agent: **LUCAS, JACK 6021 SOUTH DIXIE HWY. WEST PALM BEACH FL 33405**
 10. Name and Address of New Registered Agent:
 81 Name: **Lucas, Jack**
 82 Street Address (P.O. Box Number is Not Acceptable): **7070 Pioneer Rd**
 83
 84 City: **West Palm Beach** FL 85 Zip Code: **33413**

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: *J. Lucas, Pres. (Jack Lucas)* DATE: **3/3/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS <input type="checkbox"/> DELETE	1.1 TITLE	PTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, JACK	1.2 NAME	Lucas, Jack
STREET ADDRESS	301 ISLAND ROAD	1.3 STREET ADDRESS	7070 Pioneer Rd
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33413
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, MARIANNE	2.2 NAME	Lucas, Marianne
STREET ADDRESS	301 ISLAND RD	2.3 STREET ADDRESS	7070 Pioneer Rd
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	West Palm Beach, FL 33413
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, 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: *J. Lucas, Pres. Jack Lucas* DATE: **3/3/97** DAYTIME PHONE #: **561-478-1274**
Signature and typed or printed name of signing officer or director

CR2E034 (9/96)