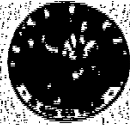


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 PM 8:03

DOCUMENT # V03431 (6)

1. Corporation Name
SEVEN SEAS EQUITIES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**445 HAMDEN DR.
CLEARWATER FL 34630**

Mailing Address
**445 HAMDEN DR.
CLEARWATER FL 34630**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/01/1992** 3a. Date of Last Report **03/08/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		50-3109280		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		30	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PEACOCK, RAY 445 HAMDEN DR. CLEARWATER FL 34630				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMSKER, WENDY	1.2 NAME	
STREET ADDRESS	445 HAMDEN DR. CLEARWATER FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	CEO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEATON, DON L	2.2 NAME	
STREET ADDRESS	445 HAMDEN DRIVE CLEARWATER FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEATON, NANETTE	3.2 NAME	
STREET ADDRESS	445 HAMDEN DRIVE CLEARWATER FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEATON, DARYL J	4.2 NAME	
STREET ADDRESS	445 HAMDEN DRIVE CLEARWATER FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEATON, JANE	5.2 NAME	
STREET ADDRESS	445 HAMDEN DRIVE CLEARWATER FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEATON, LENETTE	6.2 NAME	
STREET ADDRESS	445 HAMDEN DRIVE CLEARWATER FL	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daryl J. Seaton 04/19/95 813-442-6123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)