FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Principal Place of Business	Mailing Address]
445 HAMDEN DR. CLEARWATER FL 34630	445 HAMDEN DR. CLEARWATER FL 34630-2537	

FILED
Apr 21 1997 8:00am
Secretary of State

	1997 MENT # V0343	31 (6)			
	SEAS EQUITIES, INC.	(0)		1 (#20/1 0/20/1 20/00 3//// 0/200 0//#/ 1/10	
Principal Plac	be of Business	Mailing Address			
445 HAMDEN CLEARWATER	DR. FL 94630	445 HAMDEN DR. Clearwater FL 34690-	2537		
i A				3. Date Incorporated or Qualified 01/01/1992	3a. Date of Last Report 04/16/1996
	Place of Business	2a, Mailing Address		4. FEI Number	Applied Fo
Sulte, Apt	#, etc.	Suite, Apt. #, etc.		59-3109280 5. Certificate of Status Desired	Not Applic \$8.75 Additions Fee Regulred
City & Stat	te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip	Country 30		Yes No
DFA	9, Name and Address of Cur ACOCK, RAY	rent Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
445	HAMDEN DR. FARWATER FL 34630			ress (P.O. Box Number is Not Acceptat	ole)
			83		
			84 City		11
11. Pursuant office or r agent. I s	to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the ob	0502 and 607.1508, Florida State ate of Florida. Such change was digations of, Section 607.0505, F		poration submits this statement for the p tion's board of directors. I hereby accep	FL 85 Zip Code ourpose of changing its registe of the appointment as register
11. Pursuant office or agent. I a	Signature, typed or printed name of registered			poration submits this statement for the partion's board of directors. I hereby accepted when reinstaling) ADDITIONS/CHANGES TO OFFICE	PL purpose of changing its registent the appointment as register DATE
SIGNATURE 12. TITLE	Signature, typed or printed name of registured OFFICERS /	agent and little if applicable. (NC	ules, the above-named corp authorized by the corporal lorida Statutes.	red when reinstating)	DATE DATE DATE DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS / DAMSKER, WENDY 445 HAMDEN DR.	agent and little if applicable. (NC	utes, the above-named corporal authorized by the corporal lorida Statutes. 11. Higher than 11. The statute signature required to the signature requ	red when reinstating)	DATE DATE DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS / D DAMSKER, WENDY	agent and little if applicable. (NC	ules, the above-named corporal authorized by the corporal lorida Statutes. ME Registered Agent signature required to the corporal lorida Statutes.	red when reinstating)	DATE Change And DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS / D DAMSKER, WENDY 445 HAMDEN DR. CLEARWATER FL CEO SEATON, DON L	lagent and little if applicable. (NC AND DIRECTORS	utes, the above-named corporal authorized by the corporal lorida Statutes. 11. Hegistered Agent signature required in the	red when reinstating)	DATE Change And DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D DAMSKER, WENDY 445 HAMDEN DR. CLEARWATER FL CEO SEATON, DON L 445 HAMDEN DRIVE	lagent and little if applicable. (NC AND DIRECTORS	utes, the above-named corporal authorized by the corporal lorida Statutes. 11: Hegistered Agent signature requited to the corporal lorida Statutes. 13: 1.1 THLE	red when reinstating)	DATE CHARGE AND DIRECTORS IN 12 Change Add
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE	D DAMSKER, WENDY 445 HAMDEN DR. CLEARWATER FL CEO SEATON, DON L 445 HAMDEN DRIVE CLEARWATER FL CEO SEATON, DON L 445 HAMDEN DRIVE CLEARWATER FL D	lagent and little if applicable. (NC AND DIRECTORS	utes, the above-named corporal authorized by the corporal lorida Statutes. 11. THE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 THE 2.2 NAME	red when reinstating)	DATE CHANGE Change Add Change Add
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME	D DAMSKER, WENDY 445 HAMDEN DR. CLEARWATER FL CEO SEATON, DON L 445 HAMDEN DRIVE CLEARWATER FL D SEATON, NANETTE	l agent and little if applicable. (NO AND DIRECTORS DELETE DELETE	utes, the above-named corresponding to the corporal lorida Statutes. 11. The Hegistered Agent signature required to the corporal lorida Statutes. 13.	red when reinstating)	DATE Change Add
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D DAMSKER, WENDY 445 HAMDEN DR. CLEARWATER FL CEO SEATON, DON L 445 HAMDEN DRIVE CLEARWATER FL CEO SEATON, DON L 445 HAMDEN DRIVE CLEARWATER FL D	l agent and little if applicable. (NO AND DIRECTORS DELETE DELETE	ules, the above-named corresolutes, the above-named corresolutes. 11. The Hegistered Agent signature requited as a statutes. 13.	red when reinstating)	DATE Change
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE	D DAMSKER, WENDY 445 HAMDEN DR. CLEARWATER FL CEO SEATON, DON L 445 HAMDEN DRIVE CLEARWATER FL D SEATON, NANETTE 445 HAMDEN DRIVE CLEARWATER FL D SEATON, NANETTE 445 HAMDEN DRIVE CLEARWATER FL D	l agent and little if applicable. (NO AND DIRECTORS DELETE DELETE	utes, the above-named corresponding to the corporal lorida Statutes. 11. The Hegistered Agent signature required to the corporal lorida Statutes. 13.	red when reinstating)	DUTPOSE OF CHANGING Its register of the appointment as register DATE DATE DATE CHANGE Add Change Add Change Add
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	D DAMSKER, WENDY 445 HAMDEN DR. CLEARWATER FL CEO SEATON, DON L 445 HAMDEN DRIVE CLEARWATER FL D SEATON, NANETTE 445 HAMDEN DRIVE CLEARWATER FL D SEATON, NANETTE 445 HAMDEN DRIVE CLEARWATER FL D SEATON, DARYL J	l agent and little if applicable. (NO AND DIRECTORS DELETE DELETE	ules, the above-named corraultorized by the corporal lorida Statutes. 13. 1.1 ITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	red when reinstating)	DATE DATE CERS AND DIRECTORS IN 12 Change Add Change Add
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE	D DAMSKER, WENDY 445 HAMDEN DR. CLEARWATER FL CEO SEATON, DON L 445 HAMDEN DRIVE CLEARWATER FL D SEATON, NANETTE 445 HAMDEN DRIVE CLEARWATER FL D SEATON, NANETTE 445 HAMDEN DRIVE CLEARWATER FL D	l agent and little if applicable. (NO AND DIRECTORS DELETE DELETE	ules, the above-named corresolutes, the above-named corresolutes. 13. 1.1 ITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	red when reinstating)	DATE DATE CERS AND DIRECTORS IN 12 Change Add Change Add
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D DAMSKER, WENDY 445 HAMDEN DR. CLEARWATER FL CEO SEATON, DON L 445 HAMDEN DRIVE CLEARWATER FL D SEATON, NANETTE 445 HAMDEN DRIVE CLEARWATER FL D SEATON, DANYL J 445 HAMDEN DRIVE CLEARWATER FL D SEATON, DARYL J 445 HAMDEN DRIVE CLEARWATER FL D CLEARWATER FL	l agent and little if applicable. (NO AND DIRECTORS DELETE DELETE	Lites, the above-named corresponding to the corporal lorida Statutes. 13. 1.1 ITHE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.5 TITLE	red when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Add Change Add Change Add
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME NAME	DAMSKER, WENDY 445 HAMDEN DR. CLEARWATER FL CEO SEATON, DON L 445 HAMDEN DRIVE CLEARWATER FL D SEATON, NANETTE 445 HAMDEN DRIVE CLEARWATER FL D SEATON, DARYL J 445 HAMDEN DRIVE CLEARWATER FL D SEATON, DARYL J 445 HAMDEN DRIVE CLEARWATER FL D SEATON, DARYL J 445 HAMDEN DRIVE CLEARWATER FL D SEATON, JANE'	AND DIRECTORS DELETE DELETE DELETE	Liles, the above-named corresponding statutes. 13. 1.1 THE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 THE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 THE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 THE 5.2 NAME	red when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Add Change Add Change Add
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D DAMSKER, WENDY 445 HAMDEN DR. CLEARWATER FL CEO SEATON, DON L 445 HAMDEN DRIVE CLEARWATER FL D SEATON, NANETTE 445 HAMDEN DRIVE CLEARWATER FL D SEATON, DANYL J 445 HAMDEN DRIVE CLEARWATER FL D SEATON, DARYL J 445 HAMDEN DRIVE CLEARWATER FL D CLEARWATER FL	AND DIRECTORS DELETE DELETE DELETE DELETE	Lites, the above-named corresponding to the corporal lorida Statutes. 13. 1.1 ITHE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.5 TITLE	red when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Add Change Add Change Add
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D DAMSKER, WENDY 445 HAMDEN DR. CLEARWATER FL CEO SEATON, DON L 445 HAMDEN DRIVE CLEARWATER FL D SEATON, NANETTE 445 HAMDEN DRIVE CLEARWATER FL D SEATON, DARYL J 445 HAMDEN DRIVE CLEARWATER FL D SEATON, DARYL J 445 HAMDEN DRIVE CLEARWATER FL D SEATON, JANE' 445 HAMDEN DRIVE CLEARWATER FL D CLEARWATER FL	AND DIRECTORS DELETE DELETE DELETE	Lites, the above-named corresponding statutes. 13. 1.1 THE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 THE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 THE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 THE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 6.1 THE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 5.1 THE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 6.1 THE	red when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Add Change Add Change Add Change Add Change Add Change Add
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-\$T-ZIP	D DAMSKER, WENDY 445 HAMDEN DR. CLEARWATER FL CEO SEATON, DON L 445 HAMDEN DRIVE CLEARWATER FL D SEATON, NANETTE 445 HAMDEN DRIVE CLEARWATER FL D SEATON, DANYL J 445 HAMDEN DRIVE CLEARWATER FL D SEATON, DARYL J 445 HAMDEN DRIVE CLEARWATER FL D SEATON, DARYL J 445 HAMDEN DRIVE CLEARWATER FL D SEATON, JANE' 445 HAMDEN DRIVE CLEARWATER FL	AND DIRECTORS DELETE DELETE DELETE DELETE	Lites, the above-named corresponding statutes. 13. 1.1 THE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 THE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 THE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 3.4 CHY-ST-ZIP 5.1 THE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 5.1 THE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 5.1 THE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 5.1 THE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 5.1 THE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP	red when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Add Change Add Change Add Change Add Change Add

CLEARWATER FL 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. 1 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 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.

Daryl J. SEaton

04/04/97

813-442-6123