

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90117 050 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V03431

1. Corporation Name
SEVEN SEAS EQUITIES, INC.

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	
4. FEI Number 59-3109280	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	
22 City & State	28 City & State	29 Zip Country	
23 Zip	24 Country	25 Zip	26 Country

9. Name and Address of Current Registered Agent

**PEACOCK, RAY
 445 HAMDEN DR.
 CLEARWATER FL 34630**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	DAMSKER, WENDY
STREET ADDRESS	445 HAMDEN DR. CLEARWATER FL
CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> DELETE
NAME	SEATON, DON L
STREET ADDRESS	445 HAMDEN DRIVE CLEARWATER FL
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE
NAME	SEATON, NANETTE
STREET ADDRESS	445 HAMDEN DRIVE CLEARWATER FL
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE
NAME	SEATON, DARYL J
STREET ADDRESS	445 HAMDEN DRIVE CLEARWATER FL
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE
NAME	SEATON, JANE
STREET ADDRESS	445 HAMDEN DRIVE CLEARWATER FL
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE
NAME	SEATON, LENETTE
STREET ADDRESS	445 HAMDEN DRIVE CLEARWATER FL
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE OF SEATON**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99 727-442-6123

Date Daytime Phone #

CR2E034 (4/1/98)