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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 286309

(0)

SEATECH CORPORATION

FILED Jan 21 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					
985 N.W. 95 ST. 985 N.W. 95 ST. MIAMI FL 33150-2095 US US					
				3. Date Incorporated or Qualified 10/22/1964	3a. Date of Last Report 03/04/1996
2. Principal F	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
1		26		59-1403866	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Sta	to	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip — ac	Country	6. This corporation has liability for in	ntangible tax under s. 199.032,
4	25	29 2095	30		Yes 🔀 No
	9, Name and Address of Curi	ent Registered Agent		10. Name and Address of New Reg	elistered Agent
	RICKROOT, JOHN C		81 Name		
175 NW 1ST AVE			82 Street Address (P.O. Box Number is Not Asceptable)		
MIA	VMI FL 33130				
			83		
			84 City		85 Zip Code
			1 1 7	poration submits this statement for the pation's board of directors. I hereby accep	FL 3373/
SIGNATURE	Signature, typed or precidence of registered	agent and tille if approable. (NOTE AND DIRECTORS	Registered Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Additio
NAME	PERONI,GEORGE J		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		12 2
CITY-ST-7P	MIAMI FL		1.4 CITY - ST - ZIP		<u> </u>
TITLE	VD	L DELETE	2.1 TITLE		Change Addition
NAME	PERONI, JEAN M. 985 NW 95 ST		2.2 NAME		
STREET ADDRESS	MIAMI FL		2.3 STREET ADDRESS		33150
CITY-ST-ZIP	STD	Dourt	2. 4 CITY-ST-ZIP		
TITLE	RUPPERT, VERNETTA C	DELETE	3.1 TITLE		Change Additio
NAME	OOF ANALOS OT		3 2 NAME		
STREET ADORESS	MIAMI FL		3.3 STREET ADDRESS		32/57
CITY-ST-ZIP TITLE	1770 4771 2	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		☐ Change ☐ Additio
NAME		Second Second	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST- ZIP		
TITLE		DELETE	51 TITLE		Change Additio
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-ST-ZIP			54 CITY - ST - ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
		atematica de la factación de la compansión de la compansi		ed in Contino 110 07/21/il Florida Ctatuto	n I de ambien e e e e e e e e e e e e e e e e e e

I do hereby certify that the information supplied with this filling 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 suppliemental 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 on an attachment with an address.