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FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 305400

(4)

1. Corporation Name

SEASPRAY INVESTMENTS INC

Principal Place of Business

8040 LAKESHORE DR., #901
RIVIERA BEACH FL 33404

Mailing Address

3040 LAKESHORE DR., #901
RIVIERA BEACH FL 33404-4635

3. Date Incorporated or Qualified

05/24/1966

3a. Date of Last Report

10/28/1996

2. Principal Place of Business

2a. Mailing Address

21 3040 LAKESHORE DR. 26 3040 LAKESHORE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 901

27 901

City & State

City & State

23 RIVIERA Bch. 71.

28 RIVIERA Bch. 71.

Zip

Zip

24 33404

25 PALM Bch.

29 33404

30 PALM Bch.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHURCH, MARTHA LOU
3040 LAKESHORE DR., #901
RIVIERA BEACH FL 33404-1635

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Martha Lou Church Pres. MARTHA LOU CHURCH 4/8/97

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST
NAME CHURCH, MARTHA L.
STREET ADDRESS 3040 LAKESHORE DR.
CITY-ST-ZIP RIVIERA BEACH FL

TITLE D
NAME CHURCH, MARTHA L.
STREET ADDRESS 3040 LAKESHORE DR.
CITY-ST-ZIP RIVIERA BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
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
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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.

SIGNATURE: *Martha Lou Church Pres.* 4/8/97 561-844-3141

CR2E034 (9/96)