

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **461419** (4)
1. Corporation Name
SEA-FOUR, INC.

Principal Place of Business
**617 SOUTH SENECA BLVD.
DAYTONA BEACH FL 32114-4519**

Mailing Address
**617 SOUTH SENECA BLVD.
DAYTONA BEACH FL 32114-4519**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6205 Shore Line Dr. Suite, Apt. #, etc. 22 City & State 23 PORT ORANGE FL. Zip Country 24 32127 25 USA		2a. Mailing Address 26 6205 Shoreline Dr. Suite, Apt. #, etc. 27 City & State 28 PORT ORANGE FL. Zip Country 29 32127 30 USA		3. Date Incorporated or Qualified 09/17/1974	
		4. FEI Number NOT APPLICABLE		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 or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**MEEGAN, BARBARA J
220 DUNLAWTON AVE.
PT. ORANGE FL 32127**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

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	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, ROBERT H.	1.2 NAME	
STREET ADDRESS	617 S. SENECA	1.3 STREET ADDRESS	6205 SHORELINE DR.
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	PORT ORANGE FL. 32127
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, JAMES E.	2.2 NAME	
STREET ADDRESS	617 S. SENECA	2.3 STREET ADDRESS	6205 SHORELINE DR.
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	PORT ORANGE FL 32127
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

Robert H. Palmer

1/27/98

904-304-4411

CP2E034 (10/97)