

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 21 AM 9:22

DOCUMENT # 481876

(1)

1. Corporation Name

SEACAP CORPORATION

Principal Place of Business

**2 SOUTH BISCAYNE BLVD
SUITE 2480
MIAMI FL 33131**

Mailing Address

**2 SOUTH BISCAYNE BLVD
SUITE 2480
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/21/1975

3a. Date of Last Report

08/05/1994

4. FEI Number

59-1619557

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

23

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**LIPCON, CHARLES R
2 SOUTH BISCAYNE BLVD
SUITE 480
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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

(Signatures, typed or printed name of registered agent and filer if applicable)

(If Filer, Registered Agent signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**TPD
LANGER, GUNTER
ERNEST ECKSTEIN STRASSE
GIESSEN, W. GERMANY**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**SVD
LANGER, URSULA
ERNEST ECKSTEIN STRASSE
GIESSEN, W. GERMANY**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**S
LANGER, WOLF JURGEN
ERNEST ECKSTEIN STRASSE
GIESSEN, W. GERMANY**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**Ernst-Eckstein-Straße 4
D-35394 Giessen**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**Ernst-Eckstein-Straße 4
D-35394 Giessen**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**Alter Steinbacher Weg 2
D-35394 Giessen**

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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and chosen not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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:

Dr. Günter Langer, President

February 8, 1995

0641/7939-11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number