


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

FILED

Apr 21 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 # 521484 (6)

1. Corporation Name  
SEA COLT MANAGEMENT, INCORPORATED

Principal Place of Business

628 N. BEAR LAKE RD.  
P.O. BOX 3205  
FOREST CITY FL 32714

Mailing Address

628 N. BEAR LAKE RD.  
P.O. BOX 3205  
FOREST CITY FL 32714



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1976		3a. Date of Last Report 04/25/1996	
21. 628 N. BEAR LAKE RD.		26. SAME		4. FEI Number 59-1758024		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State APOPKA FL		28. City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24. Zip 32703		29. Country SEMINOLE		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SEVERS, WILLIAM E. 628 N BEAR LAKE RD. FOREST CITY FL 32714 APOPKA FL 32703				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: William E. Severs (D.O.)				DATE: 4-15-97			

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEVERS, WILLIAM E			1.2 NAME			
STREET ADDRESS	220 NOB HILL CIRCLE			1.3 STREET ADDRESS			
CITY - ST - ZIP	FOREST CITY FL			1.4 CITY - ST - ZIP			
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, EUNICE R			2.2 NAME			
STREET ADDRESS	341 FOREST LAKE DRIVE			2.3 STREET ADDRESS			
CITY - ST - ZIP	FOREST CITY FL			2.4 CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COULTER, LUCINDA			3.2 NAME			
STREET ADDRESS	905 SHEILA PLACE			3.3 STREET ADDRESS			
CITY - ST - ZIP	APOPKA FL			3.4 CITY - ST - ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEVERS, JUNE			4.2 NAME			
STREET ADDRESS	220 NOB HILL CIRCLE			4.3 STREET ADDRESS			
CITY - ST - ZIP	FOREST CITY FL			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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: William E. Severs (D.O.)

4-7-97

407-862-1231

CR2E034 (9/96)