

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 626280 (2)
1. Corporation Name
SEAQUATICS CORP.



Principal Place of Business
#47 SHORE LANE
BOX 440407
SUGARLOAF FL 33044

Mailing Address
#47 SHORE LANE
BOX 440407
SUGARLOAF FL 33044

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 P.O. Box 407		06/18/1979	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 Sugarloaf		59-1913108	
24 Country		29 33044-0407		Applied For	
25		30 U.S.A.		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

KEHOE, PETE
#47 SHORE LANE
P O BOX 407
SUGARLOAF KEY FL 33044

10. Name and Address of New Registered Agent

81 Name Gregory G. Farrelly
82 Street Address (P.O. Box Number is Not Acceptable) Catalano & Farrelly
83 506 Louisa Street
84 City Key West FL 85 Zip Code 33040

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 *Gregory G. Farrelly* Gregory G. Farrelly 04/14/98
(Signature, Title, and Address of Agent, if applicable) (NOTE: Registered Agent signature required when filing statement)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	KEHOE, PETER	12 NAME	
STREET ADDRESS	47 SHORE LANE	13 STREET ADDRESS	
CITY-ST-ZIP	SUGAR LOAF FL	14 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	KEHOE, EDIE	2.2 NAME	
STREET ADDRESS	47 SHORE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUGARLOAF FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 address.

SIGNATURE *[Signature]* 42298 205 JUL 10 1998

CR2E034 (10/97)