FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 9:43

DOCUMENT # 627437 (7)

1. Corporation Name
SEA ROCKET MOTEL, INC.

Principal Place of Business	Mailing Address
17250 GULF BLVD. N REDINGTON BCH. FL 33708	17250 GULF BLVD. N REDINGTON BCH. FL 33708

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/26/1979
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-1981017 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.75 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

9. Name and Address of Current Registered Agent

BEBLER, BILL
~~RT 2 BOX 670~~ 9420 McINTOSH RD.
DOVER FL 33527

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	~~COPLON, JIMMY JAY~~	1.2 NAME	PAULA, MARCUS
STREET ADDRESS	~~2706D PAXTON~~	1.3 STREET ADDRESS	2606 N. HABANA
CITY-ST-ZIP	~~TAMPA FL~~	1.4 CITY-ST-ZIP	TAMPA FL 33607
TITLE	~~SD~~	2.1 TITLE	V-P ☒ Change ☐ Addition
NAME	~~PALORI, MARY~~	2.2 NAME	McCARTY, LARRY
STREET ADDRESS	~~600 DANUBE AVE~~	2.3 STREET ADDRESS	9232 120TH. WAY N.
CITY-ST-ZIP	~~TAMPA FL~~	2.4 CITY-ST-ZIP	SEMINOLE, FL. 34642
TITLE	~~TD~~	3.1 TITLE	SCTRY. ☒ Change ☐ Addition
NAME	~~TENNANT, RALPH~~	3.2 NAME	BEBLER, WILLIAM
STREET ADDRESS	~~2805 WHITTINGTON~~	3.3 STREET ADDRESS	9420 McINTOSH RD.
CITY-ST-ZIP	~~TAMPA FL~~	3.4 CITY-ST-ZIP	DOVER, FL 33527
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: Marcus Paula MARCUS PAULA, PRES. 1-16-95 813 870 1093
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0300300 CP