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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 659309

SEACOAST SPECIALTIES, INC.

(9)

FILED Apr 14 1997 8:00am Secretary of State

Principal Place of Business Mailing Address				
1754 COSTA DEL SOL BOCA RATON FL 33432 US	1754 COST DEL SOL BOCA RATON FL 33432-1747 US	ı		
				Date of Last Report 4/29/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-1978212	Not Applicable
Suite, Api. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	Cily & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	7ip Co	untry	8. This corporation has liability for intangit Florida Statutes Yos	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
MURRAY, RICHARD T.		81 Name		
575 N.W. 13TH AVENUE BOCA RATON FL 33486		82 Street Addr	dress (P.O. Box Number is Not Acceptable)	
		83		
		84 City	F	85 Zip Code
11, Pursuant to the provisions of Sections 60	7.0502 and 607.1508, Florida Statutes, the a	above named corp	poration 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.13006 MURRAY, RICHARD L. 1.2 NAME NAME 575 N.W. 13TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CITY - S1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 1111.6 MURRAY, RICHARD T. NAME 2.2 NAME **575 N.W. 13TH AVENUE** STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2 4 CHTY-S1-ZIP DELFTE Change Addition TITLE 3.1 1111 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 THLE NAME 4. 2 NAME **STREET ADDRESS** 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(1Y - \$1 - Z(P DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREFT ADDRESS** 6.4 C/TY+ST+Z/P

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 roceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; end that my name appears in Block 12 or Block 13 if changed, or on an attackment with an address.

CITY-ST-ZIP