

FILE NOW: FILING FEE IS \$61.25

1-2

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 741813 (0)

1. Corporation Name
SEASCAPE CLUSTER, INCORPORATED



Principal Place of Business Mailing Address
ELLIOTT MERRILL MANAGEMENT
1105 12TH ST
VERO BCH FL 32960
US

3. Date Incorporated or Qualified **02/24/1978** 3a. Date of Last Report **04/24/1995**

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

4. FEI Number **59-1874037** 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

9. Name and Address of Current Registered Agent
ELLIOTT MERRILL MANAGEMENT
MERRILL, CRAIG
VERO BEACH FL 32960

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1105 12th St.
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | VP <input type="checkbox"/> DELETE | 1.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLANAGAN, JAMES | 1.2 NAME | |
| STREET ADDRESS | 2400 S. OCEAN DR | 1.3 STREET ADDRESS | 2400 S. Ocean Drive, #4262 |
| CITY-ST-ZIP | FT. PIERCE FL | 1.4 CITY-ST-ZIP | |
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GRANT, CLAYTON | 2.2 NAME | Fiedler, Werner C. |
| STREET ADDRESS | 2400 S.OCEAN DR. | 2.3 STREET ADDRESS | 2400 S. Ocean Drive, # 4294 |
| CITY-ST-ZIP | FT.PIERCE FL | 2.4 CITY-ST-ZIP | Ft Pierce, FL 34949 |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEE, JOHN | 3.2 NAME | |
| STREET ADDRESS | 2400 S OCEAN DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT PIERCE, FL 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEE, CHARLOTTE | 4.2 NAME | |
| STREET ADDRESS | 2400 S OCEAN DRIVE, #4364 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT.PIERCE FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CARNEY, HUGH | 5.2 NAME | Fertisi, Carmen |
| STREET ADDRESS | 2400 S.OCEAN DR. | 5.3 STREET ADDRESS | 2400 S. Ocean Drive # 4141 |
| CITY-ST-ZIP | FT.PIERCE FL | 5.4 CITY-ST-ZIP | Ft Pierce, FL 34949 |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOUGHERTY, EDWARD | 6.2 NAME | |
| STREET ADDRESS | 2400 S.OCEAN DR. | 6.3 STREET ADDRESS | 2400 S. Ocean Dr., #4291 |
| CITY-ST-ZIP | FT.PIERCE FL | 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sohn Mee 3/1/96 407-569-9853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CONTINUED

| TD | ADDITION |
|--|----------|
| Beck, Robert F. 2400 South Ocean Drive, #4352 Ft. Pierce, FL 34949 | |