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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741813 (0)
 1. Corporation Name
SEASCAPE CLUSTER, INCORPORATED



Principal Place of Business ELLIOTT MERRILL MANAGEMENT 1105 12TH ST VERO BCH FL 32960 US	Mailing Address ELLIOTT MERRILL MANAGEMENT 1105 12TH ST VERO BCH FL 32960 US
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3. Date incorporated or Qualified 02/24/1978	
4. FEI Number 59-1874037	Applied For <input type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**MERRILL, CRAIG
 ELLIOT MERRILL CMTY MGMTY
 2005 N A1A
 FT PIERCE FL 34949**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME FLANAGAN, JAMES	1.1 TITLE PD	1.2 NAME BOB BECK
STREET ADDRESS 2400 S OCEAN DRIVE, #4262	CITY-ST-ZIP FT. PIERCE FL	1.3 STREET ADDRESS 2400 S. OCEAN DR #4352	1.4 CITY-ST-ZIP FT. PIERCE, FL
TITLE VD	NAME FIEDLER, WERNER C.	2.1 TITLE TD	2.2 NAME JOHN VALEK
STREET ADDRESS 2400 S OCEAN DRIVE, #4294	CITY-ST-ZIP FT. PIERCE FL	2.3 STREET ADDRESS 2400 S. OCEAN DR. #4174	2.4 CITY-ST-ZIP FT. PIERCE, FL
TITLE PD	NAME MEE, JOHN	3.1 TITLE D	3.2 NAME CLAY GRANT
STREET ADDRESS 2400 S OCEAN DRIVE	CITY-ST-ZIP FT PIERCE FL	3.3 STREET ADDRESS 2400 S. OCEAN DRIVE #4300C	3.4 CITY-ST-ZIP FT. PIERCE, FL
TITLE SD	NAME MEE, CHARLOTTE	4.1 TITLE	4.2 NAME
STREET ADDRESS 2400 S OCEAN DRIVE, #4364	CITY-ST-ZIP FT. PIERCE FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE D	NAME FERLISI, CARMEN	5.1 TITLE VD	5.2 NAME
STREET ADDRESS 2400 S OCEAN DRIVE, #4141	CITY-ST-ZIP FT. PIERCE FL 34949	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE D	NAME DOUGHERTY, EDWARD	6.1 TITLE	6.2 NAME
STREET ADDRESS 2400 S OCEAN DRIVE, #4291	CITY-ST-ZIP FT. PIERCE FL	6.3 STREET ADDRESS	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Beck* 3-26-98 561-466-2630

CR2E037 (10/97)