

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

FILED
May 15 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 # 839694 (7)
 1. Corporation Name
SEAWIND LAND CORPORATION



Principal Place of Business: **4400 PGA BLVD STE 601 PALM BEACH GARDENS FL 33410 US**

Mailing Address: **3225 GALLOWES ROAD STATE TAX DEPT. FAIRFAX VA 22037 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified: **12/20/1977**

4. FEI Number: **13-2921765**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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 **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	PATOCKA, B A	
STREET ADDRESS	3225 GALLOWES ROAD	
CITY-ST-ZIP	FAIRFAX VA 22037	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SARNOWSKI, J.A.	
STREET ADDRESS	3225 GALLOWES RD.	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PEEL, N D	
STREET ADDRESS	3225 GALLOWES ROAD	
CITY-ST-ZIP	FAIRFAX VA 22037	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STEVENSON, P.A.	
STREET ADDRESS	3225 GALLOWES RD.	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	CAVALIERE, A L	
STREET ADDRESS	3225 GALLOWES ROAD	
CITY-ST-ZIP	FAIRFAX VA 22037	
TITLE	AC	<input type="checkbox"/> DELETE
NAME	LOPEZ, S A	
STREET ADDRESS	3225 GALLOWES ROAD	
CITY-ST-ZIP	FAIRFAX VA 22037	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SKLANSKY, P.E.	
3.3 STREET ADDRESS	3225 GALLOWES ROAD	
3.4 CITY-ST-ZIP	FAIRFAX, VA 22037	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an alternate page with my address.

SIGNATURE: _____ ASSISTANT SECRETARY OF STATE

CR2E034 (10/97)