

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 852132 (0)

1. Corporation Name
SEAWIND REALTY CORPORATION



Principal Place of Business: **3300 PGA BLVD. SUITE 900 PALM BEACH GARDENS FL 33410 US**
Mailing Address: **1201 ELM STREET ATTN: TAX ADMINISTRATION DEPT. DALLAS TX 75270**

3. Date Incorporated or Qualified: **03/10/1982**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **75-1790575**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26 3225 Galloways Road**
Suite, Apt. #, etc.: **27 STATE TAX DEPT**
City & State: **28 FAIRFAX VA**
Zip: **29 22037** Country: **30 USA**

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC
110 NORTH MAGNOLIA STREET
TALL. 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 **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASELLI, J.A.	1.2 NAME	T SARNOWSKI, J. A.
STREET ADDRESS	3225 GALLOWAYS RD.	1.3 STREET ADDRESS	3225 GALLOWAYS ROAD
CITY-ST-ZIP	FAIRFAX VA	1.4 CITY-ST-ZIP	FAIRFAX VA 22037
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD BROWN, D.	2.2 NAME	
STREET ADDRESS	4440 PGA BLVD., ROOM 601	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AS OLSON, C.T.	3.2 NAME	AS GARNEY, G.G.
STREET ADDRESS	1201 ELM ST.	3.3 STREET ADDRESS	3225 GALLOWAYS ROAD
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP	FAIRFAX VA 22037
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S STEVENSON, P. A.	4.2 NAME	
STREET ADDRESS	3225 GALLOWAYS ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AS BOOK, R. L.	5.2 NAME	CID DEHL, W.D.
STREET ADDRESS	1201 ELM STREET	5.3 STREET ADDRESS	11911 FREEDOM DRIVE
CITY-ST-ZIP	DALLAS TX	5.4 CITY-ST-ZIP	RESTON VA 22090
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AS SARNOWSKI, J.A.	6.2 NAME	ASID PEGEL, N. D.
STREET ADDRESS	3225 GALLOWAYS RD.	6.3 STREET ADDRESS	11911 FREEDOM DRIVE
CITY-ST-ZIP	FAIRFAX VA	6.4 CITY-ST-ZIP	RESTON VA 22090

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **G.G. GARNEY ASST. SECRETARY** 4/22/96 (703) 846-3900
DATE: _____ DAYTIME PHONE: _____

CR2E034 (12/95)