

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

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 852132 (0)**  
 1. Corporation Name  
**SEAWIND REALTY CORPORATION**

Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/10/1982</b>	3a. Date of Last Report <b>05/01/1996</b>
21. <b>3300 PGA BLVD</b>	26. <b>3225 GALLOWES ROAD</b>	4. FEI Number <b>75-1790575</b>		Applied For Not Applicable	
22. <b>SUITE 900</b>	27. <b>STATE TAX DEPARTMENT</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. <b>PALM BEACH GARDENS, FL</b>	28. <b>FAIRFAX, VA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. <b>33410</b>	25. _____	29. <b>22037</b>	30. _____	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.	<b>500002175755</b>
84. City	<b>FAIRFAX, VA 22037</b>

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

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>C/P/D PATOCKA, B. A.</b>
1.3 STREET ADDRESS	<b>3225 GALLOWES ROAD</b>
1.4 CITY-ST-ZIP	<b>FAIRFAX, VA 22037</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>V/D PEEL, N. D.</b>
2.3 STREET ADDRESS	<b>3225 GALLOWES ROAD</b>
2.4 CITY-ST-ZIP	<b>FAIRFAX, VA 22037</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SARNOWSKI, J. A.</b>
3.3 STREET ADDRESS	<b>3225 GALLOWES ROAD</b>
3.4 CITY-ST-ZIP	<b>FAIRFAX, VA 22037</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>S STEVENSON, P. A.</b>
4.3 STREET ADDRESS	<b>3225 GALLOWES ROAD</b>
4.4 CITY-ST-ZIP	<b>FAIRFAX, VA 22037</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>AT CAVALIERE, A. L.</b>
5.3 STREET ADDRESS	<b>3225 GALLOWES ROAD</b>
5.4 CITY-ST-ZIP	<b>FAIRFAX, VA 22037</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>AC LOPEZ, S. A.</b>
6.3 STREET ADDRESS	<b>3225 GALLOWES ROAD</b>
6.4 CITY-ST-ZIP	<b>FAIRFAX, VA 22037</b>

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 disclosed 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 agreement with an address.

SIGNATURE: **S. A. Lopez:** \_\_\_\_\_ **4/23/97** **(703) 846-1438**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)