

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 852132 (0)

1. Corporation Name
SEAWIND REALTY CORPORATION



Principal Place of Business 3300 PGA BLVD. SUITE 800 PALM BEACH GARDENS FL 33410 US	Mailing Address 3225 GALLOWES ROAD STATE TAX DEPT. FAIRFAX VA 22037 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 03/10/1982	
4. FEI Number 75-1790575	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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
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 _____
Signature typed or printed in case of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	SARNOWSKI, J.A.	
STREET ADDRESS	3225 GALLOWES ROAD	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	PATOCKA, B.A.	
STREET ADDRESS	3225 GALLOWES ROAD	
CITY-ST-ZIP	FAIRFAX VA 22037	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	CAVALIERE, A.L.	
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 ROAD	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	AC	<input type="checkbox"/> DELETE
NAME	LOPEZ, S.A.	
STREET ADDRESS	3225 GALLOWES ROAD	
CITY-ST-ZIP	FAIRFAX VA 22037	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	PEEL, N.D.	
STREET ADDRESS	11911 FREEDOM DRIVE	
CITY-ST-ZIP	RESTON VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
6.2 NAME	VASD
6.3 STREET ADDRESS	SKLANSKY, P.E.
6.4 CITY-ST-ZIP	3225 GALLOWES ROAD FAIRFAX, VA 22037

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 registered 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: _____
 Assistant Secretary of State
 4/11/98 709.946.1130

CR2E034 (10/97)