

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

**FILED**  
**Oct 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998 + F**



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

**DOCUMENT # F95000001229**  
 1. Corporation Name  
**SEA CREWS II, Inc.**

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**3/14/95**

2. Principal Place of Business

2a. Mailing Address

21 **Four Embarcadero Center**

26 **Four Embarcadero Center**

4. FEI Number

**72-0648812**

Applied For Not Applicable

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**Suite 2200**

**Suite 2200**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

23 City & State

28 City & State

**San Francisco, CA**

**San Francisco CA**

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

24 Zip

25 Country

29 Zip

30 Country

**94111**

**USA**

**94111**

**USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Nathan B. Simpson**  
**111 E. Madison St.**  
**Tampa, FL 33602**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

1.1 TITLE **Co-President & Co-Secretary**  Change  Addition

NAME

1.2 NAME **Robert Woods**

STREET ADDRESS

1.3 STREET ADDRESS **111 West 50th St.**

CITY-ST-ZIP

1.4 CITY-ST-ZIP **New York NY 10020**

TITLE  DELETE

2.1 TITLE **Co-President and Co-Secretary**  Change  Addition

NAME

2.2 NAME **Richard J. Schwalbe**

STREET ADDRESS

2.3 STREET ADDRESS **Four Embarcadero Center, Suite 2200**

CITY-ST-ZIP

2.4 CITY-ST-ZIP **San Francisco CA 94111**

TITLE  DELETE

3.1 TITLE **Assistant Secretary**  Change  Addition

NAME

3.2 NAME **Michael H. Jahrmarkt**

STREET ADDRESS

3.3 STREET ADDRESS **111 West 50th St**

CITY-ST-ZIP

3.4 CITY-ST-ZIP **New York NY 10020**

TITLE  DELETE

4.1 TITLE **Assistant Secretary**  Change  Addition

NAME

4.2 NAME **Thomas C. Nord**

STREET ADDRESS

4.3 STREET ADDRESS **Four Embarcadero Center, Suite 2200**

CITY-ST-ZIP

4.4 CITY-ST-ZIP **San Francisco CA 94111**

TITLE  DELETE

5.1 TITLE  Change  Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE  DELETE

6.1 TITLE  Change  Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

**000002657540**  
**-10/07/98--01041--014**  
**\*\*\*550.00**

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 attachment with an address.

CR2E034 (10/97)