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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # F9500006336 (0)

SEAN INTERNATIONAL MARKETING CORPORATION

Principal Place of Business

Mailing Address

515 EAST LAS OLAS BOULEVARD. SUITE 930 FORT LAUDERDALE FL 33301

515 EAST LAS OLAS BOULEVARD, SUITE 930 FORT LAUDERDALE EL 33301



		rom choose	IUNEL IL 00001				
					 Date Incorporated or Qualified 12/29/1995 	3a. Date of L	.ast Report
Z. Principal i 21	. Principal Place of Business]		ress		4. FEI Number		Applied For
Suite, Apt	1 # etc	Suite Apt	H oto		59-2333753		Not Applicable
2		27			5. Certificate of Status Desired	\$	8.75 Additional Fee Required
:3	City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Ζφ 4	Country 25	Ζφ 29	Cour 30	itry	This corporation has liability for Florida Statutes	r intangible tax un s 🔲 No	der s 199.032,
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New		nt
				81 Name			
	N, TODD W		<u>-</u>	82 Street Add	ress (P.O. Box Number is Not Accepta	phol	
8211 WEST BROWARD BLVD., SUITE 375				Silver in across (i. to. 200x red into its fact veceptable)			
PLANTA	ATION FL 33324		[B3			
			ļ.	B4 City			T
]'	B4 City		FL 85	Zip Code
11. Pursuant	t to the provisions of Sections 607.050	02 and 607.1508, Florid	a Statutes, the abov	e-named corpo	ration submits this statement for the pu		g its registered office
OF RESIDEN	ered agent, or both, in the State of Fid with, and accept the obligations of, Se	inoa, Such change was	. Auffionizad by the co	orporation's boa	rd of directors. I hereby accept the app	pointment as régis	itered agent. I am
SIGNATURE							
	Stanature, typed or printed name of registerer agr	int and title I applicable	(NOTE: Birgistered A	gent signature require	od when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIR	ECTORS IN 12
lt"LF	P	☐ D£I	.ETE 1. 1 TIT	LE T		Ch	ange
NAME	GRIFFIN, JIMMY D		1.2 NAM	AE .			
STREET ADDRESS			1.3 STR	EE1 ADDRESS			
Colmist - Strizer	FORT LAUDERDALE FL 333	01	1.4 001	(-\$1-ZIP			
HILE	ST	DEI	ETE 2. 1 TIT	LE.		☐ Ch	ange Addition
1MAV	ward, Kathleen		2 2 NAN	AE			
STREET ADDRESS	1		2 3 STR	EET ADORESS			
OHY - S1 - ZIP	FORT LAUDERDALE FL 333:	34	2 4 CITY	-SI-ZIP			
HILE	C	[☐ D£L	ETE 3.1 TIT	.E		☐ Ch	ange 🔲 Addition
NAME	GRIFFIN, C R		3 2 NAN	1E			
STREET ADDRESS	1		33 STF	EET ADDRESS			
CHY-ST-ZIP	FORT LAUDERDALE FL 3330	01-3744	3 4 CITY	-ST-ZIP			
in i E		☐ DEL	ETE 4.1 TITI	.ŧ		☐ Ch	ange 🔲 Addition
NAME			4.2 NAN	F			
STREET ADDRESS			4.3 \$TR	EET ADORESS			
IIY-SI-ZF				-ST-ZIP			
HLF		DEL	ETE 5 1 TITL	.E		☐ Chi	ange 🔲 Addition
γAM't			5.2 NAM	IE			
STREET ADDRESS			53 STR	ET ADDRESS			
CITY - S1 - ZIF		·		- ST-ZIP			
11, {		DEL	ETE 6 1 TITE	E]		☐ Ch	ange 🔲 Addition
IAME			6 2 NAN	E			
STREET ADDRESS			6 3 STR	EFT ADDRESS			
) [] - \$* - 7 P	L. cod f. about About 6		6 4 City	-ST-ZIP			
					or the exemption stated in Section 119 te and that my signature shall have the		
Octair, trio.	an am an onicer or digrator of the corp	ioration of the receiver	or trustee empowere	d to execute thi	s report as required by Chapter 607, Fi	਼ਤਗਾ। । le ga। ਭਗਵਨ। lorida Statutes; ar	i as it made under nd that my name
appears i	in Block 12 or Block 13 if changed, or	on an attachment with	an address.				•
SIGNAT	TUBE: BUNNIAMA	1/M/Mil	/ 600*	etary/tr	easurer 2/20/9	6 05/	/522_EEEE
DIGINA I	COLLEGE AND THOSE AND THOSE	A AND A A A A A A A A A A A A A A A A A	٥٤٤١١ مر	rary/tr	caputet 7/20/9	U 934	1/522-5555

secretary/treasurer OF SIGNING OFFICER OR DIRECTOR