


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

FILED
Jan 16 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 # F95000006336 (0)
 1. Corporation Name
SEAN INTERNATIONAL MARKETING CORPORATION

Principal Place of Business 515 EAST LAS OLAS BOULEVARD, SUITE 930 FORT LAUDERDALE FL 33301	Mailing Address 515 EAST LAS OLAS BOULEVARD, SUITE 930 FORT LAUDERDALE FL 33301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	26	22	27
Suite, Apt #, etc.		Suite, Apt #, etc.	
23	28	City & State	
24	29	30	Country
Zip	Country	Zip	Country

3. Date Incorporated or Qualified 12/29/1995	
4. FEI Number 59-2333753	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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KLISTON, TODD W
8211 WEST BROWARD BLVD., SUITE 375
PLANTATION FL 33324

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GRIFFIN, JIMMY D	
STREET ADDRESS	517NE 8TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WARD, KATHLEEN	
STREET ADDRESS	5350 NE 17 TERRACE	PLEASE DELETE
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	C	<input type="checkbox"/> DELETE
NAME	GRIFFIN, C R	
STREET ADDRESS	15 N VICTORIA PARK ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301-3744	
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	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GRIFFIN, JIMMY D.	
1.3 STREET ADDRESS	515 EAST LAS OLAS BLVD., #930	
1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
2.1 TITLE	SECRETARY-TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KNOPP, LINDA A.	
2.3 STREET ADDRESS	515 EAST LAS OLAS BLVD., #930	
2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
3.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GRIFFIN, C. RAY	
3.3 STREET ADDRESS	515 EAST LAS OLAS BLVD., #930	
3.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
4.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GRIFFIN, PATSY A.	
4.3 STREET ADDRESS	515 EAST LAS OLAS BLVD., #930	
4.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)