


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

FILED
Feb 01, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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02-01-1999 90033 030 ***150.00

DOCUMENT # F95000006336

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		3. Date Incorporated or Qualified 12/29/1995	
21	22	26	27	4. FEI Number 59-2333753	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, JIMMY D	1.2 NAME	
STREET ADDRESS	517NE 8TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOPP, LINDA A	2.2 NAME	
STREET ADDRESS	515 EAST LAS OLAS BLVD #930	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, C R	3.2 NAME	
STREET ADDRESS	15 N VICTORIA PARK ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301-3744	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, PATSY A	4.2 NAME	
STREET ADDRESS	515 EAST LAS OLAS BLVD #930	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____ **REQUIRED** 01/12/99 954/522-5555
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)