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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # F9600006182 (7)

SEAFSCAPE INTERNATIONAL INC

Principal Place of Businoss Mailing Address  915 MIDDLE RIVER DR. STE 209 FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304-3559											
							3. Date Incorporated or Qualified 11/25/1996	3a. Date	of Last R	eporl	
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number Applied For				
21		26					65-0703128 Not Applicable				
Suite, Apt.		27				5. Certificate of Status Desired		\$8.75 / Fee Re			
City & Stat	0	— n	City & State				6. Election Campaign Financing	<b>-</b>	\$5.00	•	
Zip	Country	28	<b>Ζ</b> ιρ	Countr			Trust Fund Contribution		Added I		
24	25		9 30		]		8. This corporation has liability for intangible tax under s.  Florida Statutes			. 199.032,	
[24]	9, Name and Address of Currel		ered Agent	1301			10, Name and Address of New Re				
RUN	DY, JOHN			81	ij	Name					
	MIDDLE RIVER DR., STE 209			82	-	Stroot Addre	ess (P.O. Box Number is Not Acceptab	lo\			
FORT LAUDERDALE FL 33304				02		Street Mudit	ess (r.o. box nomber is not Acceptab	ie)			
				83	3						
			•	84	-	City			<b>85</b> Zip (	Code	
·						·		FL	l. l _		
11. Pursuant	to the provisions of Sections 607.050	02 and 60	7.1508, Florida Statu	iles, the above	/e-I	named corporati	oration submits this statement for the p	urpose of c	hanging it	s registered	
agent. La	m familiar with, and accept the oblig	gations of,	Section 607.0505, F	lorida Statute	s.	one comporati	on's board of directors. I hereby accep	or the appear	rionon do	registored	
SIGNATURE				:							
12.	Signature, typed or printed name of registered as OFFICERS AN			TE Propistered Ag	jont	s griature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DIDECTOR	00 IM 10	
TITLE	PCDS	VET DIFFE	DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	BUNDY, JOHN			1.2 NAME				_			
STREET ADDRESS	915 MIDDLE RIVER DR., STE 2	209	1.3 STREET ADDRESS			DORESS					
CITY-ST-ZIP	FORT LAUDEDALE FL			1.4 CITY -		ì					
TITLE	VD		DELFIE	2.1 TO LE					Change	Addition	
NAME	BELL, JAMES			2.2 NAME	2.2 NAME						
STREET ADDRESS	140 S FEDERAL HWY			2.3 STREE	T A	DDRESS					
DITY-ST-ZIP	DANIA FL			2 4 CITY-	- 51	- ZIP					
TITLE			DELETE	3 1 111 LF		}		L	Change	☐ Addition	
NAME				3 2 NAME							
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TITLE				4.1 TITLE 4. 2 NAME		-		L		Addition	
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STREET ADDRESS CITY-ST-ZIP				4.4 CITY		+					
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NAME				5.2 NAME				_			
STREET ADDRESS				5.3 STREE		DDRESS				!	
CITY-ST-ZIP				5 <b>4</b> DITY-							
TITLE			DELETE	6.1 TITLE		<del></del>			Change	Addition	
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREE	1 AI	DDRESS					
CITY-ST-ZIP				6.4 CITY -	ST-	- ZIP					
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I go mereuy certify that the impormation supplied with this filling 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 of an jed or on an attachment with an address.

(OCH) 514.5711

**FILED** 

May 14 1997 8:00am

Secretary of State