

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

FILED
May 20 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 # **G06990** (7)
1. Corporation Name
SEA CASTLE MOTEL, INCORPORATED



Principal Place of Business 10750 GULF BLVD TREASURE ISLAND FL 33706	Mailing Address 10750 GULF BLVD TREASURE ISLAND FL 33706
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/02/1982	
4. FEI Number 22-2424971		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" 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 HARRIS, THOMAS M 150 2ND AVE N STE 1800 ST PETERSBURG FL 33731				10. Name and Address of New Registered Agent 81 Name SIMONE, STEPHEN C.P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 6439 CENTRAL AVENUE 83 ST. PETERSBURG 84 City FLORIDA FL 85 Zip Code 33710	
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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: **STEPHEN SIMONE** *[Signature]* **4/24/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, BRUCE L	1.2 NAME	LED BROOKE, SIMON
STREET ADDRESS	KARTWAY HSE, LUGWARDINE	1.3 STREET ADDRESS	NO. 3, THE SPINNEY, RINGLEY ROAD
CITY-ST-ZIP	HEREFORD, ENGLAND	1.4 CITY-ST-ZIP	WHITEFIELD, MANCHESTER, ENGLAND
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, MICHAEL	2.2 NAME	
STREET ADDRESS	HOME FARM, EAST LODGE, NEEDWOOD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BURTON-ON-TRENT EN	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFFORD, PETER	3.2 NAME	
STREET ADDRESS	BLUNSDON HOUSE HOTEL	3.3 STREET ADDRESS	
CITY-ST-ZIP	SWINDON EN	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, IAN-L	4.2 NAME	
STREET ADDRESS	10750 GULF BOULEVARD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL	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.

SIGNATURE: *[Signature]* **15 APR 1998**

CR2E034 (10/97)