SECOND AMOUNT DUE	NOTICE: CORPORATION WILL BE ON OR BEFORE 8/7/96: \$225 (IF DISSO	DISSOLVED ON OR AFTER A	AUGUST 7, 1996. To reinstate: \$375.)			
COR ANNU	PROFIT PORATION JAL REPORT 1996	FLORIDA DEPART Sandra B Secretary DIVISION OF CO	Mortham of State			
DOCUN 1. Corporation	MENT # H3707	2 (6)				
SEA &	SHORE, INCORPORATED			T HOUSENI DIOC MINI HOOM BANKI HOME II	AN AKTAN BATAN TAGA	B:011 0:011 0:011 1301
Principal Place	e of Business	Mailing Address				
1500 E ROB ORLANDO F		1500 E ROBINSON ST ORLANDO FL 32801		Date Incorporated or Qualified	3a. Date of	Lan Daniel
Dringingt Di	ace of Business	On Italian Address		01/08/1985	05/01	/1995
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEi Number 58-1608757		Applied For Not Applicable
Suite, Apt	#, elc	Suite, Apt #, etc		5. Certificate of Status Desired	, ,	3.75 Additional Fee Required
City & State)	City & State		Election Campaign Financing Trust Fund Contribution		5.00 May Be
Zıp	Country 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes		nder s. 199.032,
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Reg	istered Agent	<u> </u>
	CHMOND, DAVID 500 E. ROBINSON ST.			ress (P.O. Box Number is Not Acceptable	e)	
O	RLANDO FL 32801		83			
			84 City		 85	Zip Code
11, Pursuant I	to the provisions of Sections 607,0502	and 607.1508 Florida Statutes	the above-named corr	poration submits this statement for the pur	FL	
office or re	agistered agent, or both, in the State o m familiar with, and accept the obligat	of Florida. Such change was au	thorized by the corporat	ion's board of directors. Thereby accept t	tne appointme	nt as registered
SIGNATURE	Signature it, pod or printed name of registered agent	rang tine if apperable (NOTE	Redistered Agent signature requ	und when reinstatiou	Dale	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
TITLE	DP	DELETE	1 1 TITLE			Change Addition
NAME	RICHMOND, DAVID		1.2 NAME			Ž
STREET ADDRESS	1500 E. ROBINSON		1 3 STREET ADDRESS			از
CITY-ST-ZIP TITLE	ORLANDO FL AS	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		4	hange Addition
NAME	VOGT, LINDA ~		2.2 NAME	SICHMOND, LINDA (Cho	יאו פאו	est Now Only
STREET ADDRESS	1500 E ROBINSON ST		2.3 STREET ADORESS		4	7
CiTY - ST - ZiP	ORLANDO FL 32801		2 4 CITY - ST - ZIP			
TITLE	ST	DELETE	3 1 TITLE			Change [Addition
NAME STOCKE ADDOCCO	SPEK, JOAN		3 2 NAMÉ			
STREET ADDRESS CITY-ST-ZIP	1500 E ROBINSON ST ORLANDO FL		3.3 STREET ADDRESS 3.4 CITY - ST - ZIP			
TITLE	ONDATE	DELETE	4 1 TILLE			Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
CITY - ST - ZIP			4 4 CITY - ST - ZIP			
TITLE		DELETE	5 I TITLE		□ 0	Change Addition
NAME CTREET ADDRESS			5 2 NAME			
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADORESS 5.4 City - St - Zip			
TITLE		DELETE	6 1 TIFLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY - \$1 - ZIP			6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify that the information indicated on this armual 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

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