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

PROFIT CORPORATION ANNUAL REPORT.

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H37072

(6)

SEA & SHORE, INCORPORATED

Mailing Address

1500 E ROBINSON 8T ORLANDO FL 32801

Principal Place of Business

1500 E ROBINSON ST ORLANDO FL 32801-2122

FILED Jun 16 1997 8:00am Secretary of State



					•						
						3. Date Incorporated or Qualified 01/08/1985	01/08/1985 07/08/1996				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	-	A	pplied For		
21 26						58-1608757 Not Applic			ot Applicable		
Suite, Apt.	#, etc.	Suite, Apt #, etc.				6. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & Stat	e	City & State	¬ '			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24	Country 25	Zip 29	30	untry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
DIC!	IMOND, DAVID		_	81	Name						
1500 E. ROBINSON ST. ORLANDO FL 32801				82 Street Address (P.O. Box Number is Not Acceptable)							
									ORDANDO PC 32001		
				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 Fiorida. 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 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						D DIRECTORS IN 12				
TITLE	DP	DELETE	1.1 1	ITI F	T	7,001,10,10,01,01,01,01		Change	Addition		
NAME	RICHMOND, DAVID	 -		AME							
-					ADDRESS						
STREET ADDRESS			•		ADDRESS				ļį		
CITY-ST-ZIP	ORLANDO FL	DELETE		ITY-S	1-20P			Change	Addition (
TITLE				- [Cliange	Addition .			
NAME	RIOHMOND, LINDA			2.2 NAME							
STREET ADDRESS	1500 E ROBINSON ST				ADDRESS						
CITY-ST-ZIP	ORLANDO FL			2. 4 City - St - ZiP 3.1 Title			·	050000	Addition		
TATLE	<u> </u>						l	Change	Addition Addition		
NAME	SPEK, JOAN			AME							
STREET ADDRESS				3.3 STREET ADDRESS							
CITY-ST-ZIP				3.4. CITY - ST - ZIP					14490		
TITLE	DELETE			ITLE	İ		Į	Change	Addilion		
NAME			4.21								
STREET ADDRESS	ESS		4.3 \$	4.3 STREET ADDRESS					ĺ		
CITY-ST-ZIP			ITY-S	1-ZIP							
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NAME			5.2 N	AME							
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CITY-ST-ZIP	5.4		5.4 C	ITY-S	T- 2(P						
TITLE		☐ DELETE	6.1 %	11LE				Change	☐ Addition		
NAME			6.2 N	AME	ŀ				1		
STREET ADDRESS			6.3 S	TREET	ADDRESS				į		
CITY-ST-ZIP				6.4 CITY-ST-7IP							
4.0			3.10	··· J	<u> </u>						

I do hereby certify that the information 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 if changed, or on an attantiment with an address.