## 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

	MENT # H8882' SEA ENTERPRISES, INC.	7 (1)							
Principal Place	e of Business	Mailing Address			·····	- I ENGLOS DIAL COLOT IDICE TO HE BUIL FOOL	BARAL BARAL BAR	it memia miman m	JIEI) (BB)
215 S.E. 10TH CAPE CORAL F		2215 S.E. 10TH LANE CAPE CORAL FL 33990-1908							
						3. Date Incorporated or Qualified 12/09/1985	1	e of Last Ro 3/1996	
<b>2.</b> Principal PI □	ace of Business	2a. Mailing Address				4. FEI Number			plied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			59-2619166		\$8.75	ot Applicable	
2		27			5. Certificate of Status Desired		Fee Re		
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Z <sub>I</sub> p	Country	Zιρ	Cou	untry		8. This corporation has liability for			. 199.032,
4	25 9. Name and Address of Curr	29	30	Ι		Florida Statutes  10. Name and Address of New Re		No	
CACC	9. Name and Address of Curr SO, M. DANIEL	eur ueðieretan Våeur		81	Name	IV. ITGING AND AUDIESS OF NEW ME	Aistaiad V	April	
	S. DEL PRADO BLVD.			82	Ctrops Addr	oon (D.O. Boy Number in Not Assental	ala)	<del></del>	
	E CORAL FL 33904			02	Street Addre	ess (P.O. Box Number is Not Acceptal	ne)		
	- · · · · · · · · · · · · · · · · · · ·			83					
				84	City			<b>85</b> Zip (	Code
							FL		
office or re agent. La	to the provisions of Sections 607.0: egistered agent, or both, in the SIa m familiar with, and accept the obl	502 and 607.1508, Fiorida Statul te of Florida. Such change was igations of, Section 607.0505, Fi	ies, the a authorize orida Sta	ibove- ed by tutes.	named corporati	oration submits this statement for the poor's board of directors. I hereby acceptance	ourpose of of the appo	onanging it intment as	s registered registered
SIGNATURE							DATE		<del></del>
12.	Signature, typed or printed name of registered a OFFICERS A	ND DIRECTORS	13.	<del></del>	t signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTOR	3S IN 12
TITLE	SD	DELETE	1.1 T					Change	Addition
NAME	WILLIS, LINDA		1.2 N	IAME					
STREET ADDIRESS	2215 SE 10TH LANE		1.3 S	TREET	NODRESS .				
CITY - ST - ZIP	CAPE CORAL, FL	DELETE.		ITY-ST	- ZIP			- A	E1 4 4 9 9
TITLE	D NOULE FOUNDS	DELETE	2.1 T					Change	Addition
NAME CERSON ARROY OF	WILLIS, EDWARD 2215 SE 10TH LANE		2.2 N		ADDRESS				
STREET ADDRESS City+St+Zip	CAPE CORAL, FL			CITY-\$1					
TITLE		DELETE	3.17			7	727	Change	Addition
NAME			3.2 6	IAME					
STREET ADDRESS			3.3 8	STREET #	ADORESS				
CITY - ST - ZIP				CITY-ST	T-ZIP			<del></del>	
TITLE		☐ DELETE	4.1 7					Change	Addition
NAME			ı	NAME					
STREET ADDRESS					ADDAESS				
CITY - ST - ZIP TITLE		DELETE	51 T	ITY-ST	-211			Change	Addition
NAME		<del></del>		IAME				•	===
STREET ADDRESS			ı		address				
CITY-ST-ZIP			5.4 (	ity-st	- ZIP				
TITLE		☐ DELETE	6.17	ITLE				Change	Addition
NAME			6.2 1	<b>LAME</b>					
STREET ADDRESS					address				
CITY-ST-7/P	by cartify that the information come	liad with this filing does not avail		ITY-ST		In Section 119.07(3)(i), Florida Statute	e I further	certify that	the
informatio	on indicated on this annual report o	ir supplemental annual report is or the receiver or trustee empor	true and wered to	accui	rate and that	my signature shall have the same leg t as required by Chapter 607, Florida	al effect as	if made un	ider oath; that

SIGNATURE:

**FILED** 

Feb 18 1997 8:00am

Secretary of State