

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J67974 (2)
1. Corporation Name
SEA K'S, INC.

Principal Place of Business C/O SCIARRA'S PUB 10482 NORTHCLIFFE BLVD. SPRING HILL FL 34608	Mailing Address 2717 SEVILLE BLVD. 11307 CLEARWATER FL 34624-1173 US
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2. Principal Place of Business 21 <u>SAME</u> Suite, Apt. #, etc.		2a. Mailing Address 26 <u>SAME</u> Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/13/1987	3a. Date of Last Report 05/01/1996
22 City & State		27 City & State		4. FEI Number 59-2787682	Applied For Not Applicable
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GUENTHER, NANCY A. 2717 SEVILLE BLVD. 11307 CLEARWATER FL 34619		10. Name and Address of New Registered Agent 81 Name <u>SAME</u> 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 NANCY A. GUENTHER Nancy A. Guenther DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUENTHER, NANCY A 3021 S.R. 590, #436 CLEARWATER FL 34619 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>N/A</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCIARRA, MARK 8457 VICKSBURG ROAD SPRING HILL FL 34608 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>N/A</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUENTHER, KARL W 3021 S.R. 590, #436 CLEARWATER FL 34619 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>N/A</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NANCY GUENTHER 2717 SEVILLE BLVD., #11307 CLEARWATER FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>N/A</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: NANCY A. GUENTHER Nancy A. Guenther 4/31/97 813-724-6432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)