PROFIT PROFIT PROFIT PROFIT FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthani
Secretary of State

į	1996	DIVISION OF C	CORPORA	TIONS		
DOCUI	MENT # K9470	D1 (5)				
SEA VE	ENTURES INTERNATIONA	L. INC.			İ	
		,			E INDICALLA BAN (BARK BIRN) ARRICA RAN	2)
Principal Place	of Duciness					
Principal Place		Mailing Address				
1515 N. FEDE SUITE 300	RAL HIGHWAY	1515 N. FEDERAL HIGHN SUITE 300	VAY			
BOCA RATON	FL 33432	BOCA RATON FL 33432				
					 Date Incorporated or Qualified 06/13/1989 	3a. Date of Last Report 01/26/1995
2. Principal Pla	ace of Business	2a. Mailing Address	~		4. FEI Number	Applied For
21		26	26		65-0124974	Not Applicable
Suite, Apt. 4	#, etc	Suite, Apt. #, etc.	1		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State	City & State			Fee Hequired
23	•	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for	
24	25		30		Florida Statutes	s 🔲 No
	9. Name and Address of Curr	ent Registered Agent		<u>. T -::</u>	10. Name and Address of New	Registered Agent
DUDMAAN	NI AIAV			11 Name		
RUDMANN, MAX 2101 NW CORPORATE BLVD				2 Street A	ddress (P.O. Box Number is Not Accepta	ble)
STE 211	CONFONATE BLYD		8	3		
BOCA RATON FL 33431						
			8	4 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	the above	named cor	rporation submits this statement for the pubboard of directors. Thereby accept the app	
familiar wit	h, and accept the obligations of, Se	oction 607.0505, Florida Statutes.	i by the co	rporation s t	poard of directors. Thereby accept the app	pointment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registeristics					
12.	OFFICERS AND DIRECTORS		18. Hegith at Apart's grature request			FICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1 1 TITLE		ABBITTONS OF ANGLES TO OF	Change Addition
NAME	COHEN, ARNOLD			E		i
STREET ADDRESS	1515 N FEDERAL HWY #30	00	1.3 STREET ADDRESS			
CHTY - ST - ZIP	BOCA RATON FL		1.4 CITY - ST - ZIP			,
THILE	d Gordon, Penny	DELETE	2 1 1111	i		Change Addition
NAME STREET ADDRESS	1515 N. FED HWY #300		2.2 NAM			
CITY-ST-ZIP	BOCA DATON FI		2.3 STRE	ET ADDRESS		
TITLE	300777111077712	DELETE	3 1 TITU			Change [Addition
NAME			3.2 NAMI	.		
STREET ADDRESS			3.3 STHE	ET AUDRESS		
CITY - ST - 2IP			3.4 CITY	-S1-7/P		
TITLE		☐ DETELE	4 1 TITL	i		☐ Change ☐ Addition
NAME STREET ADDRESS			4.2 NAMI			
CITY-ST-ZIP				EL ADDRESS		
TITLE		DELETE	4.4 CHY 5.1 THE			Change C Addition
NAME			5.2 NAM	1		Change Addition
STREET ADDRESS				ET ADORESS		
CITY - ST - Z P			5.4 CITY			
TITLE	F7 05 575		6 1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME	.		
STREET ADDRESS			& 3 STAE	ELADDRESS		
CITY-ST-7/P	contifu that the information are the	d saidts their fitner in such outs 21 . K	6.4 CITY	SI - ZiP	6 F. M.	
certify that	the information indicated on this an	a vaim mis ming is voluntarily furnish nual report or supplemental annua	неа and do Freport is t	es not qualit rue and acc	fy for the exemption stated in Section 119 urate and that my signature shall have the	.07(3)(k), Florida Statutes, I further

and does not quality 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 Brock 13 of changed, or on an attachment with an address.

SIGNATURE: _

PHÍNTED NAMÉ ÖF SIGNING OFFICER OR DIRECTOR

3/26/96

407-338-3400