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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K94701

(5)

| SEA VENTURES INTERNATIONAL, INC.   |   |  |   |   |   |                                 |                      |  |
|--|---|--|---|---|---|---------------------------------|----------------------|--|
| Principal Place of Business  1515 N. FEDERAL HIGHWAY SUITE 300 BOCA RATON FL 33432 |   | Malling Address 1515 N. FEDERAL HIGHWAY SUITE 300 BOCA RATON FL 33432-1894                 |   |   |   |                                 |                      |  |
| DOON HATON   | 71 00702  | DOOR HATOR TE SONO   | 1007  |   | 3. Date Incorporated or Qualified 06/13/1989  | 3a. Date o                      |                      | leport                                 |
| 2. Principal P   | lace of Business  | 2a, Mailing Address  |   |   | 4. FEI Number   | 1 44,4                          |                      | pplied For                             |
| 21   |   | 26   | ······  | <del></del>                             | 65-0124974  |                                 | No                   | ot Applicable                          |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.  |   |   | 5. Certificate of Status Desired  |                                 |                      | Additional<br>equired                  |
| City & State   | h   |  |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 6. Election Campaign Financing  |                                 | \$5.00 May Be        |  |
| 23]<br>Zip   | Country   | <b>28</b>  | Countr  | ·                                       | Trust Fund Contribution   |                                 | ****                 | to Fees                                |
| 24 33432~1994 25   |   | ·····  | 29 30   |   | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes   |                                 |                      |  |
|  | g, Name and Address of Currer   |  |   |   | 10. Name and Address of New Re  |                                 |                      |  |
| RUE  | DMANN, MAX  |  | 81  | Name                                    |   |                                 |                      | Militaria Maria                        |
| 210  | 1 NW CORPORATE BLVD   |  | 82  | Street Ad                               | dress (P.O. Box Number is Not Acceptab  | le)                             |                      | ~~ *********************************** |
|  | 211   |  |   |   |   |                                 |                      |  |
| BOO  | CA RATON FL 33431   |  | 83  | ]                                       |   |                                 |                      |  |
|  |   |  | 84  | City                                    |   | FL 8                            | 5 Zip                | Code                                   |
| 11. Pursuant office or ragent La   | to the provisions of Sections 607,050 registered agent, or both, in the State in familiar with, and accept the obligi | 2 and 607.1508, Florida Stat<br>of Florida. Such change wa<br>ations of, Section 607.0505, | tutes, the above<br>s authorized b<br>Florida Statute | e-named co<br>y the corpor<br>s.        | orporation submits this statement for the partion's board of directors. I hereby accept   | urpose of cha<br>t the appoint  | anging it<br>ment as | is registered<br>registered            |
| SIGNATURE  |   |  |   |   |   |                                 |                      |  |
| 12.  | Signature, typical or printed name of registered agent and title if applicable (NOTE I<br>OF FICERS AND DIRECTORS     |  | 13.   | ent signature red                       | quired when reinstating) ADDITIONS/CHANGES TO OFFIC                                       | DATE<br>EDS AND DI              | DECTOR               | OC IN 12                               |
| TITLE  | D   | ☐ D£LETE   | 1.1 TITLE   |   | ADDITIONS/CHANGES TO OFFIC  |                                 | Change               | Addition                               |
| NAME   | COHEN, ARNOLD   |  | 1.2 NAME  | -                                       |   |                                 | , ,                  |  |
| STREET ADDRESS   | 1515 N FEDERAL HWY #300   |  | 1.3 STREE   | ADDRESS                                 | 221125 -100   | . 1                             |                      |  |
| City - St - ZiP  | BOCA RATON FL   |  | 1.4 CITY  | ST-ZIP                                  | 33432-199   | 4                               |                      |  |
| TITLE  | D DODDON BENNEY   | DELETE   | 2.1 TITLE   |   | Page i Dant   | ×                               | Change               | Addition                               |
| NAME   | GORDON, PENNY<br>1515 N. FED HWY #300   |  | 2.2 NAME  |   | •••   |                                 |                      |  |
| STREET ADDRESS   | BOCA RATON FL   |  | 4   | T ADDRESS                               | 33432 - MA  | ŀ                               |                      |  |
| C(TY+S) Z(P<br>TITLE   | BOOK RATON FL   | DELETE   | 2.4 CITY-<br>31 TITLE                                 | ST-ZIP                                  | 27426-1414  |                                 | Change               | Addition                               |
| NAME   |   | Land October   | 3.2 NAME  |   |   | لسا                             | Oligingo             | L.J Addition                           |
| STREET ADDRESS   |   |  |   | I ADDRESS                               | ·   | ς΄.                             |                      |  |
| CITY-ST-ZIP  |   |  | 3.4. CITY-  |   |   |                                 |                      |  |
| TITLE  |   | ☐ DELETE   | 4.1 TITLE   |   |   |                                 | Change               | Addition                               |
| NAME   |   |  | 4. 2 NAME   |   |   |                                 |                      |  |
| STREET ADDRESS   |   |  | 4.3 STREE   | T ADDRESS                               |   |                                 |                      |  |
| C-TY-ST-ZIP  |   | T Dr. CVE  | 4.4 CITY-   | ST - ZiP                                | · · · · · · · · · · · · · · · · · · ·   | ·····                           | <del></del>          |  |
| TITLE  |   | ☐ DELETE   | 5.1 111LE   |   |   |                                 | Change               | Addition                               |
| NAME<br>emper appoint  |   |  | 5.2 NAME  | r Ambreco                               |   |                                 |                      |  |
| STREET ADDRESS   |   |  |   | ADDRESS                                 |   |                                 |                      |  |
| City - ST - ZIP<br>Title   |   | ☐ DELETE   | 5.4 CITY - 1<br>6.1 TITLE                             | 51 - ZIP                                |   |                                 | Chance               | Addition                               |
| NAME   |   |  | 6.2 NAME  | i                                       |   | سا                              | Sumile.              | nounion                                |
| STREET ADDRESS   |   |  |   | T ADDRESS                               | •   |                                 |                      |  |
| CITY+S1-ZIP  |   |  | 6.4 CITY-   |   |   |                                 |                      |  |
| 14. I do heret   | by certify that the information supplied  | d with this filing does not qu   | alify for the exp                                     | motion state                            | ed in Section 119.07(3)(i), Florida Statutes<br>at my signature shall have the same legal | . I further ce                  | rtify that           | the                                    |
| Lam an o   | flicer or director of the corporation or<br>a Block 12 or Block 12 if changed or                                      | The receiver or trustee empe   | owered to exe   | oute this rep                           | at my signature snaii nave the same legal<br>ort as required by Chapter 607, Florida Si   | enect as if n<br>latutes; and t | nade und<br>hat my r | per oain; that<br>tame                 |

appears in Block 12 or Block 13 if changed, or on an attachment with an address