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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT** # 1. Corporation Name

L01493

CONTINENTAL SEA PRODUCTS, INC.

(0)

FILED Apr 23 1996 8:00 am Secretary of State

rincipal Place of Business	Mailing Address	s lauriati des daiai itats diana laina sitte didet diati diati diati diati diati diati diati diati diati
M WADD D LAEDANCE	W WIADD D LAFDANCE	

Principal Place of Business WARD B. LAFRANCE 13191 STARKEY RD. SUITE 10 LARGO FL 34643		% WARD	Mailing Address * WARD B. LAFRANCE 13191 STARKEY RD. SUITE 10 LARGO FL 34843					
		LARGO FL			3. Date Incorporated or Qualified			
	ace of Business	2a. Mailing A	ddress			4. FEI Number		Applied For
Suite, Apt.	# etc	26 Suite Ar	of # etc			59-2958749	\$0	Not Applicable
22	SUITE 7	27	Suite, Apt. #, etc SUITE 7			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		City & St		==_	<u></u>	6. Election Campaign Financing	_ \$9	5.00 May Be
23		28				Trust Fund Contribution	1 1	dded to Fees
Zip	Country	<i>Ζ</i> φ	— — — — — — — — — — — — — — — — — — —	Country	•	8. This corporation has liability fo		ers 199.032,
24	25 9. Name and Address of Cur	[29]	[30]			Florida Statutes Ye 10. Name and Address of New	Begistered Agent	
	<u> </u>			81	Name	TO. Hame and Address of New	Hegistered Agent	
LAFRAN	ICE, WARD B.			82		ress (P.O. Box Number is Not Accepta	afata)	
	STARKEY ROAD			82	Street Addr	ress (rO. dux inuimber is not accepta	ചാല)	
SUITE 1				63	SUIT	E 7		
LARGO	34643			84	City	THE PERSON NAMED IN COLUMN NAM	85	Zip Code
					l	ration submits this statement for the p		,
SIGNATURE	th, and accept the obligations of, S Signature types or printed runs, of registered.		(NOTE Reps		Usignature require	d was remaining	DATE	07.000.00.40
TITLE	DPS OFFICERS			13. 1. 1 Tille		ADDITIONS/CHANGES TO OF	FICERS AND DIREC	
NAME	LAFRANCE, WARD B.	لسا		1.2 NAME			ES CHO	ige [] Abdition
STREET ADDRESS	13191 STARKEY RD, #10				ADDRESS	SUITE 7		
CITY - ST - ZIP	LARGO FL			14 % [X3	i		34643	
TITLE				2 1 TITLE		V 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	☐ Char	nge 🔲 Addition
NAME			2	2 2 NAME				
STREET ADDRESS					ANDRESS			
CITY-ST-ZIP TITLE				2 4 CITY - 9	ST - ZIP		FTI Char	an Addition
NAME		لسا		3 1 TITLE 3 2 NAME			Char	nge
STREET ADDRESS					I ADORESS			
CITY-ST-ZIP				9 4 CITY - S				
TITLE		Ġ	DELETE 4	1. 1 TITLE			☐ Char	nge Addition
NAME			4	1.2 NAME				
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP				1 4 CHTY - S	ST - ZIP			
TITLE NAME		Ll		S. T. TIFLE			☐ Char	nge
STREET ADDRESS				5.2 NAME colonia	ADODESE			
CITY-ST-ZIP				3 STREET 5 4 CHTY S	ADDRESS			
TITLE				E 1 TITLE	:1 - Z4	7974 1997 & 1874	☐ Char	nge Addition
NAME				2 NAME				- -
STREET ADDRESS					ADDRESS			
CITY-ST-7IP				S & CITY - 9				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this and it 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 cordy align or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if chapted, of on an attachment with an address.

SIGNATURE:

WARD B. LA FRANCE NTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/96 (813) 535-7511