

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

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**Mar 18 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **L29422** (7)  
1. Corporation Name  
**A SEAMAN ENTERPRISES, INC.**



Principal Place of Business Mailing Address  
% ALLAN SEAMAN 2084 68TH AVE., S. ST. PETERSBURG FL 33712  
% ALLAN SEAMAN 2084 68TH AVE., S. ST. PETERSBURG FL 33712-5815

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11/14/1989</b>	3a. Date of Last Report <b>03/22/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-2978427</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	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 <b>SEAMAN, ALLAN 2084 68TH AVENUE SOUTH ST. PETERSBURG FL 33712</b>	10. Name and Address of New Registered Agent 81 Name <b>ADELE H. SEAMAN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2084 68th AVE South</b> 83 84 City <b>ST. PETERSBURG</b> FL 85 Zip Code <b>33712</b>
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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: *Allan H. Seaman* **ADELE H. SEAMAN PRES TRUSTS 3-12-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT, TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SEAMAN, ALLAN</b>		1.2 NAME <b>ADELE H. SEAMAN</b>	
STREET ADDRESS <b>2084 68TH AVE. S.</b>		1.3 STREET ADDRESS <b>2084 68th AVE S.</b>	
CITY-STATE-ZIP <b>ST. PETERSBURG FL</b>		1.4 CITY-ST-ZIP <b>ST. PETERSBURG FL 33712</b>	
TITLE <b>TS</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VICE PRESIDENT, SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SEAMAN, ADELE H</b>		2.2 NAME <b>HUFF, ROBERT J.</b>	
STREET ADDRESS <b>2084 68TH AVE. S.</b>		2.3 STREET ADDRESS <b>1869 63RD TERRACE South</b>	
CITY-STATE-ZIP <b>ST. PETERSBURG FL</b>		2.4 CITY-ST-ZIP <b>ST. PETERSBURG FL 33712</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HUFF, ROBERT J</b>		3.2 NAME	
STREET ADDRESS <b>1001 62ND PLACE SOUTH</b>		3.3 STREET ADDRESS	
CITY-STATE-ZIP <b>ST. PETERSBURG FL</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-ST-ZIP	

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: *Allan H. Seaman* **ADELE H. SEAMAN** 3/12/97 813-867-5213

CR2E034 (9/96)