

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

FILED

**Apr 16 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L29422 (7)
1. Corporation Name
A SEAMAN ENTERPRISES, INC.



Principal Place of Business ADELE SEAMAN 2084 68TH AVE., S. ST. PETERSBURG FL 33712	Mailing Address ADELE SEAMAN 2084 68TH AVE., S. ST. PETERSBURG FL 33712
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 11/14/1989	
4. FEI Number 59-2978427	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SEAMAN, ADELE
2084 68TH AVENUE SOUTH
ST. PETERSBURG FL 33712

Allan died 1-20-97

10. Name and Address of New Registered Agent

81 Name ADELE H. SEAMAN	
82 Street Address (P.O. Box Number is Not Acceptable) 2084 68th Ave S	
83 City St. Pete	
84 City St. Pete	85 Zip Code FL 33712

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 **ADELE H. SEAMAN** *Adelle H. Seaman* DATE **3-20-98**

12. OFFICERS AND DIRECTORS

TITLE PT	<input type="checkbox"/> DELETE
NAME SEAMAN, ADELE H	
STREET ADDRESS 2084 68TH AVENUE S.	
CITY-ST-ZIP ST. PETERSBURG FL	
TITLE VPS	<input type="checkbox"/> DELETE
NAME HUFF, ROBERT J	
STREET ADDRESS 1889 63RD TERRACE SOUTH	
CITY-ST-ZIP ST. PETERSBURG FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Adelle H. Seaman* **ADELE H. SEAMAN** DATE **3-20-98** **813-867-5213**

CR2E034 (10/97)