


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

FILED  
Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L41526** (9)  
1. Corporation Name  
**SEA SAFARI SAILING, INC.**



Principal Place of Business <b>11305 JIM COURT RIVERVIEW FL 33569 US</b>	Mailing Address <b>11305 JIM COURT RIVERVIEW FL 33569-5966 US</b>
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2. Principal Place of Business 21 <b>3630 COUNTY LINE RD</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>3630 COUNTY LINE RD</b> Suite, Apt. #, etc.		3. Date incorporated or Qualified <b>01/05/1990</b>	3a. Date of Last Report <b>03/26/1996</b>
22		27		4. FEI Number <b>59-2999030</b>	Applied For <input type="checkbox"/> Not Applicable
23 City & State <b>LAKELAND, FL</b>		28 City & State <b>LAKELAND, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
24 Zip <b>33811</b>	25 Country <b>USA</b>	29 Zip <b>33811</b>	30 Country <b>USA</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WINANS, GORDON 11305 JIM COURT RIVERVIEW FL 33569</b>				10. Name and Address of New Registered Agent 81 Name <b>KRUEGER, KAROLYN KIM</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3630 COUNTY LINE RD</b> 83 84 City <b>LAKELAND</b> FL 85 Zip Code <b>33811</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 *Karolyn Kim Krueger* PRESIDENT, TREASURER 4-20-97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINANS, GORDON D.			1.2 NAME	KRUEGER, KAROLYN KIM		
STREET ADDRESS	11305 JIM COURT			1.3 STREET ADDRESS	3630 COUNTY LINE RD		
CITY-ST-ZIP	RIVERVIEW FL			1.4 CITY-ST-ZIP	LAKELAND, FL 33811		
TITLE	VPS	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINANS, KATHY			2.2 NAME	JOSLYN, JENNIFER MICHELLE		
STREET ADDRESS	11305 JIM COURT			2.3 STREET ADDRESS	3630 COUNTY LINE RD		
CITY-ST-ZIP	RIVERVIEW FL			2.4 CITY-ST-ZIP	LAKELAND, FL 33811		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				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-ST-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-ST-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-ST-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 *Karolyn Kim Krueger* 4-20-97 (941)  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (9/96)