

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L53838** (3)
1. Corporation Name
SEAWITCH, INC.

FILED

98 MAR 26 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 722 S.E. 47TH TERR. CAPE CORAL FL 33904 US	Mailing Address 1314 E. CAPE CORAL PKWY. 722 S.E. 47TH TERR. SUITE 321 CAPE CORAL FL 33904 CAPE CORAL, FL. US 33904
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REINSTATEMENT 97-98

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/23/1990	3a. Date of Last Report 12/05/1996
		4. FEI Number 65-0178695	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 ANSON, JAMES L. 732 SE 47TH TERRACE CAPE CORAL FL 33904	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 **JAMES ANSON** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANSON, JAMES 732 SE 47TH TERRACE CAPE CORAL FL	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1314 CAPE CORAL PARKWAY SUITE 102 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1. TITLE 2.2. NAME 2.3. STREET ADDRESS 2.4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500002475035--3 -04/01/98--01005--011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1. TITLE 3.2. NAME 3.3. STREET ADDRESS 3.4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ****150.00 *****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1. TITLE 4.2. NAME 4.3. STREET ADDRESS 4.4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500002475035--3 -04/01/98--01005--012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1. TITLE 5.2. NAME 5.3. STREET ADDRESS 5.4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ****750.00 *****750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1. TITLE 6.2. NAME 6.3. STREET ADDRESS 6.4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **JAMES ANSON** **12/15/97**

CR2E034 (4/97)