

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

FILED
May 12 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 # L80326 (6)
 1. Corporation Name **SEA GALE IMPORTS LTD., INC.**



Principal Place of Business 201 FLAGSHIP #4 LUTZ FL 33519 US	Mailing Address PO BOX 898 LUTZ FL 33549 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5211 W. Laurel Street Suite, Apt. #, etc. 22 City & State 23 Tampa, Florida Zip Country 24 33607-1736 25 USA	2a. Mailing Address 26 P. O. Box 30719 Suite, Apt. #, etc. 27 City & State 28 Tampa, Florida Zip Country 29 33630-3719 30 Hills.
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3. Date Incorporated or Qualified 06/12/1990	4. FEI Number 59-3018864	Applied For 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
ALLEY, RAYMOND A., JR.
805 W AZEELE
TAMPA FL 33606

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSBY, RICHARD	1.2 NAME	
STREET ADDRESS	17307 LINDA VISTA CIRCLE	1.3 STREET ADDRESS	P. O. BOX 30719 (N/A)
CITY-ST-ZIP	LUTZ FL 33549	1.4 CITY-ST-ZIP	Tampa, Florida 33630-3719
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, WILLIAM	2.2 NAME	
STREET ADDRESS	1040 BIG MOSS LAKE RD.	2.3 STREET ADDRESS	P. O. BOX 30719 (N/A)
CITY-ST-ZIP	LUTZ FL 33549	2.4 CITY-ST-ZIP	Tampa, Florida 33630-3719
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, PETER H.	3.2 NAME	
STREET ADDRESS	2 INDUSTRIAL WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON MA 01887	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	James A. Pless
STREET ADDRESS		4.3 STREET ADDRESS	P. O. Box (N/A)
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tampa, Florida 33630-3719
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 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, on an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)