

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

DOCUMENT # L80326 (6)
1. Corporation Name
SEA GALE IMPORTS LTD., INC.



Principal Place of Business

Mailing Address

201 FLAGSHIP
#4
LUTZ FL 33519
US

PO BOX 898
LUTZ FL 33549
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5211 W. Laurel Street		26 P. O. Box 30719		06/12/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3018864	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Tampa, Florida		28 Tampa, Florida		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		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	
24 33607-1736		29 33630-3719		30 Hills.	
Country		Country			
25 USA		30 Hills.			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEY, RAYMOND A., JR.
805 W AZEELE
TAMPA FL 33606

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 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

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	P	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	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	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		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D
STREET ADDRESS		4.3 STREET ADDRESS	James A. Pless
CITY-ST-ZIP		4.4 CITY-ST-ZIP	P. O. Box (N/A)
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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, or on an attachment with an address.

SIGNATURE

CR2E034 (10/97)