

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M37895 (3)

1. Corporation Name
SEAGULL SHOP 1986, INC.



Principal Place of Business: 1145 E. ATLANTIC AVE. DELRAY BCH. FL 33483
Mailing Address: 1145 E. ATLANTIC AVE. DELRAY BCH. FL 33483

3. Date Incorporated or Qualified: 09/08/1986
3a. Date of Last Report: 08/10/1995
4. FEI Number: 59-2714067
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMMS, R.J.
1145 E. ATLANTIC AVE.
DELRAY BCH. FL 33483

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 type (to print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when necessary)

Date

12. OFFICERS AND DIRECTORS
TITLE: PD
NAME: SIMMS, R.J.
STREET ADDRESS: 1145 E. ATLANTIC AVE.
CITY-ST-ZIP: DELRAY BEACH FL
DELETE
TITLE: D
NAME: SIMMS, SUSIE
STREET ADDRESS: 1145 E ATLANTIC AVE.
CITY-ST-ZIP: DELRAY BEACH FL
DELETE
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:
21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY-ST-ZIP:
31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-ST-ZIP:
41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY-ST-ZIP:
51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY-ST-ZIP:
61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *RJ Simms* RJ SIMMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/96 (561)272-0114
Date Date of Filing

CR2E034 (3/96)