


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

FILED

Jan 15 1998 8:00am  
Secretary of State

|   |                       |   |   |   |  |
|---|-----------------------|---|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998   |                       |  |   | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
| DOCUMENT # M63037 (9)<br>1. Corporation Name<br>SEATREK ENTERPRISES, INC.   |                       |   |   |   |  |
| Principal Place of Business<br>8306 MILLS DR., BOX 198<br>MIAMI FL 33183-4847   |                       |   | Mailing Address<br>8306 MILLS DR., BOX 198<br>MIAMI FL 33183-4847 |   |  |
| 2. Principal Place of Business  |                       | 2a. Mailing Address   |   | 3. Date Incorporated or Qualified<br>11/25/1987   |  |
| 21  | Suite, Apt. #, etc.   | 26  | Suite, Apt. #, etc.   | 4. FEI Number<br>65-0021637   | Applied For<br>Not Applicable                      |
| 22  | City & State          | 27  | City & State  | 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required                     |
| 23  | Zip                   | 28  | Zip   | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees                        |
| 24  | Country               | 29  | Country   | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br>DEVLIN, RUTHANNE<br>13350-B SW 90 TERRACE<br>MIAMI FL 33186  |                       |   |   | 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  |
| 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 _____<br>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   | PD                    | <input type="checkbox"/> DELETE   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | DEVLIN, RUTHANNE      |   | 1.2 NAME  |   |  |
| STREET ADDRESS  | 13350 B SW 90 TERR    |   | 1.3 STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | MIAMI FL              |   | 1.4 CITY-ST-ZIP   |   |  |
| TITLE   | SD                    | <input type="checkbox"/> DELETE   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | MOTES, JOSEPH         |   | 2.2 NAME  |   |  |
| STREET ADDRESS  | 12237 SW 50 ST        |   | 2.3 STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | COOPER CITY FL        |   | 2.4 CITY-ST-ZIP   |   |  |
| TITLE   | TD                    | <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | PAIGE, E. CARROLL     |   | 3.2 NAME  |   |  |
| STREET ADDRESS  | 13391 SW 88TH TERR #D |   | 3.3 STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | MIAMI FL              |   | 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   |   |  |



DO NOT WRITE IN THIS SPACE

SIGNATURE: \_\_\_\_\_

1/17/98 305 388 2890

CR2E034 (10/97)