FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 2:08

DOCUMENT # M96989 (2)

1. Corporation Name
SEA TOWERS REALTY CORP.

Principal Place of Business
1310 GULF BLVD
SUITE 3A
CLEARWATER FL 34630

Mailing Address
1310 GULF BLVD
SUITE 3A
CLEARWATER FL 34630

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1988
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business
21 1560 Gulf Boulevard
Suite, Apt. #, etc
22
City & State
23 Clearwater, FL
Zip 24 34630 Country 25

2a. Mailing Address
26 610 Belle Isle Avenue
Suite, Apt. #, etc
27
City & State
28 Belleair Beach, FL
Zip 29 34634 Country 30

4. FEI Number: 59-2937562 — 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

9. Name and Address of Current Registered Agent
KAPLAN, ROBERTA DENNIS
1310 GULF BLVD #3A
CLEARWATER FL 34630

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
610 Belle Isle Avenue
83
84 City: Belleair Beach FL
85 Zip Code: 34634

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 (and or printed name of registered agent and title if applicable) — NOTE: Registered Agent signature required when name is stated — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	1.1 TITLE		☐ Change ☐ Addition
NAME	COBB, THEODORE	1.2 NAME		
STREET ADDRESS	11556 TRADEWINDS BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP		
TITLE	DVS	2.1 TITLE		XX Change ☐ Addition
NAME	KAPLAN, ROBERTA DENNIS	2.2 NAME		
STREET ADDRESS	1310 GULF BLVD #3A	2.3 STREET ADDRESS	610 Belle Isle Avenue	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Belleair Beach, FL 34634	
TITLE		3.1 TITLE	V	☐ Change XX Addition
NAME		3.2 NAME	Kaplan, Stephen S.	
STREET ADDRESS		3.3 STREET ADDRESS	610 Belle Isle Avenue	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Belleair Beach, FL 34634	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed) or on an attachment with an asterisk.

SIGNATURE: X Roberta D. Kaplan
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
Roberta D. Kaplan, Vice President

3/30/95 X
Date

(813) 595-0361
Daytime Phone #

0050040 CP