

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N16550** (8)

1. Corporation Name

NJST SEAHAWKS, INC.



Principal Place of Business PO BOX 14 JACKSONVILLE NAVAL AIR STATION JACKSONVILLE FL 32212	Mailing Address PO BOX 14 JACKSONVILLE NAVAL AIR STATION JACKSONVILLE FL 32212
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/27/1986	3a. Date of Last Report 02/22/1995
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2591976		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Add Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**ROSEN, SUSIE
2755 OAK STREET
JACKSONVILLE FL 32205**

81 Name **SCHROTH, DEBORAH A., ESQ.**
82 Street Address (P.O. Box Number is Not Acceptable)
2068 Plainfield Avenue
83
84 City **Orange Park** FL 85 Zip Code **32073**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Deborah A. Schroth
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7-3-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, JERRY	1.2 NAME	WATSON, JERRY
STREET ADDRESS	2713 HOLLYRIDGE DR	1.3 STREET ADDRESS	2713 HOLLYRIDGE DR.
CITY-ST-ZIP	ORANGE PARK FL 32202	1.4 CITY-ST-ZIP	ORANGE PARK FL 32073
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIESTERER, DAVID K	2.2 NAME	ZUKOWSKI, LEE
STREET ADDRESS	3507 WESTOVER RD	2.3 STREET ADDRESS	8908 SPRING HARVEST LN
CITY-ST-ZIP	ORANGE PARK FL 32073	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32244
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOVE, SANDRA	3.2 NAME	MITCHELL, MARGARET
STREET ADDRESS	540 TIMBERCREST LN	3.3 STREET ADDRESS	5914 ORCHARD POND DR.
CITY-ST-ZIP	ORANGE PARK FL 32073	3.4 CITY-ST-ZIP	ORANGE PARK FL 32073
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIGGINS, RUTH	4.2 NAME	STRANDELL, VALERIE
STREET ADDRESS	197 VANDERFORD RD W	4.3 STREET ADDRESS	553 FEATHER OAKS CT.
CITY-ST-ZIP	ORANGE PARK FL 32073	4.4 CITY-ST-ZIP	ORANGE PARK FL 32073
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSEN, SUSIE	5.2 NAME	S (RECORDING) D
STREET ADDRESS	2755 OAK ST	5.3 STREET ADDRESS	SCHROTH, DEBORAH
CITY-ST-ZIP	JACKSONVILLE FL 32205	5.4 CITY-ST-ZIP	2068 PLAINFIELD AVE.
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALTER, MERCEDES	6.2 NAME	200001916572
STREET ADDRESS	6410 DIAMOND LEAF LN	6.3 STREET ADDRESS	-08/08/96--01054--002
CITY-ST-ZIP	JACKSONVILLE FL 32244	6.4 CITY-ST-ZIP	***61.25

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

Deborah A. Schroth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-96

Date

904-386-8371 X303

Daytime Phone #

CR2E037 (3/96)