## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS FILED

1996

N95000003512 (9)

<del>96 APR</del> 17 PH 1:31

DOCUMENT # 1. Corporation Name	N95000003512 (9)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
SEA 3 USA INC.		
Principal Place of Business	Mailing Address	
TANK OF COURT	3210-B TANAGER COURT	

SEA 3 US/	A INC.						
Principal Place of Bu	usiness	Mailing Address					
3210-B TANAGER	COURT	3210-B TANAGER COUR TALLAHASSEE FL 32308	T I				i. Date of Last Report
TALLAHASSEE FL 32308						3. Date Incorporated or Qualified 07/25/1995	
		2a. Mailing Address				4. FEI Number	Applied For
2. Principal Place o	f Business	<u> </u>				59-3332217	Not Applicable
Suite, Apt. #, etc	<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country	Zip	Co	untry		8. This corporation has liability for intang	ible tax under s. 199.032, is 😧 No
Zip	25	29	30			Florida Statutes LJ Ye  10. Name and Address of New Regist	ered Agent
24	. Name and Address of Curre	ent Registered Agent		Bi	Name	10. Name and About	
				ויפן		- Labora	
ROBERTS,	LANC			82	Street A	ddress (P.O. Box Number is Not Acceptable)	
HUDERIS,	NAGER COURT			83			
3210-D 174	SEE FL 32308			83	ļ		85 Zip Code
				84	City		
					<u> </u>	resisting submits this statement for the purpose	the engistered office
11. Pursuant to the or registered familiar with,	ne provisions of Sections 617.05 agent, or both, in the State of Fic and accept the obligations of, Se	502 and 617.1508, Florida Statut lorida. Such change was authoriz ection 617.0503, Florida Statutes	es, the al red by the s.	bove-i e corp	named cor poration's t	poration submits this statement for the purpose poard of directors. I hereby accept the appointm	ent as registered agent. I am
1				red Ase	ent signature re	quired when reinstating)	DATE
SIGNATURE	nature, typed or printed name of registured ag	Gent and tracin of twee	1			Quired when reinstating?  ACIDITIONS/CHANGES TO OFFICE F	Change Addition
12.	OFFICERS /	AND DIRECTORS DELETE	1.1	1 TITLE		President DIR	Claride Variation
TITLE			1.3	2 NAME		Lane L. Roberts	
NAME			1	3 STREE	ET ADDRESS	3210-B Tanager Court	
STREET ADDRESS					ST-ZIP	Tallahassee, FL 32308	Change X Addition
1 1						D16	C Change The Montan

familiar with	, and accept the obligations of, Section 617.0505, Norida States			
SIGNATURE	NO	OTE: Registered Agent's gnature rec	equired when renstating!  ACIDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
SI	ignature, typed or printed name of registured agent and title if a pricative (NO OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OTHER TO Change To Addit	ition
12.	OFFICERS AND DIVIDED		President DIK	
TITLE	_	1.2 NAME	Lane L. Roberts	
NAME		1.3 STREET ADDRESS	3210-B Tanager Court	
STREET ADDRESS		1.4 CiTY-ST-7IP	Tallahassee, FL 32308	tition
CITY-ST-ZIP	DELETE	2 1 TITLE	Vice-President DIK	
TITLE	Florers	CONTRE	Tance D. Roberts	
NAME		2.2 STREET ADDRESS	2304 Cedar Creek Road North	
STREET ADDRESS		2.4 CITY-ST-ZIP	North Little Rock, AR 72116	dition
CITY - ST - ZIP	DELETE	3.1 TITLE	Secretary D/K	- HOH
TITLE	Libertit	3.2 NAME	Lavonne G. Roberts	
NAME		3 3 STREET ADDRESS	3210-B Tanager Court	
STREET ADDRESS	1	3.4 CITY-ST-ZIP_	mallahassee, FL 32308	Idition
CITY-ST-ZIP	DELETE	4.1 TITLE	Change Ad	JUILIOH
TITLE	Totter	4. 2 NAME		
NAME		4.3 STREET ADDRESS	3	
STREET ADDRESS	1	4.4 CITY - ST-ZIP		
CITY-ST-ZIP	Floreste	51 TITLE	20001 mast 25 -04/17/9601066015 *****61.25 *****61.3	CONTOR
TITLE	DELETE		-04/17/9601066013	25
NAME	1	5.2 NAME	*************************************	دے
STREET ADDRESS	1	5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP	Change A	Addition
TITLE	DELETE	61 TITLE	1	
		6 2 NAME	Y.	_
NAME	1	6.3 STREET ADDRESS	SS   AD 1.	/

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes, 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 middle under 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 middle under certify 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 to or an attachment with an address. STREET ADDRESS

SIGNATURE

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR