FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

FLORIDA DEPASTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 1. Corporation Name

N97000006665 (0)

SEVEN SEAS DEVELOPMENT CORPORATION 2,302 NO. LOWELL LANE

SANTA ANNA, CAL. 92706

Principal Place of Business

Mailing Address

2302 NO. LOWELL LANE SANTA ANNA, CAL. 92706

SAME

FILED Jun 24 1998 8:00am Secretary of State

3. Date Incorporated or Qualified

65-0551097

11/24/97

4. FEI Number

O Delmourat C	Nace at Cusiness	On Mailing Address						
2. Principal Place of Business		2a. Mailing Address 26				5. Certificate of Status Desired		
Suite, Apt. #, etc		Suite, Apt. #, etc.				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
City & Stato		City & State				7. Is this nonprofit corporation a homeowners association?		
23	Country	7ip	1 0	under r		☐ Yes 🖸 No		
Zip 24	25 29		Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No		
T	9. Name and Address of Current I	-t		l		10. Name and Address of New Registered Agent		
MARIE M. MCCLAIN				81 Name				
147 9 S.W. 19th AVE.				82 Street Address (P.O. Box Number is Not Acceptable)				
FT. LAUDERDALE, FLA				83				
33312				84 Cit	<u>, </u>	85 Zip Code		
						FL		
11. Pursuant to the provisions of Soctions 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 Signature typed or proted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND I		13.	o Agent sign	ature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	,	
TITLE	PRATT, LAWRENCE	DELETE		ILE 🔊		☐ Change ☐ Ad		
NAME	i i			AME AME		_ · ·		
STREET ADDRESS				1.3 STREET ADDRESS				
CITY-ST-ZIP	SANIA, ANNA, CAL 92700			TY - ST - ZIP	ļ		i	
TITLE	ANYANE-NTOW, KWA	BENA DELETE	2.111	ILE A		☐ Change ☐ Ad	idition	
NAME	806 JEROME RD.			AME 7	-			
STREET ADDRESS	DURHAM, N.C. 27713			2.3 STREET ADDRESS				
CITY-ST-ZIP				? ≠CiTY-S1-ZIP				
TITLE	D. JANE PRATT	DFIETE		ILE X		☐ Change ☐ Ado	dition	
NAME		NC	3.2 NA	M				
STREET ADDRESS	1839 WYOMING AVE		3.3 ST	reet addre	ss			
CITY-ST-ZIP	WASHINGTON D.C.	20007	3.4 GI	ITY - ST - ZIP				
TITLE		☐ DELETE	4.1 TJT	LE		☐ Change ☐ Ado	dition	
NAME			4. 2 N/	AME	Ī			
STREET ADDRESS			4 3 ST	REE1 ADDRE	ss			
City-St-ZIP			4.4 CIT	Y-ST-ZIP			أ	
TITLE		DELETE	5.1 TIT	ιŧ	1	☐ Change ☐ Add	dilion	
NAME			5.2 NA	ME	1		1	
STREET ADDRESS			5.3 STF	REFT ADDRE	ss			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	6.1 111	LE			Jition	
NAME			6.2 NA	ME		-06/24/3801005013 4	"1	
STREET ADDRESS			6.3 STF	REE1 ADDRE	SS	****61.25	Y	
City-St-Zip						V	<u>, </u>	
14. I hereby c	ertify that the information supplied with	this filing does not qualify fo	or the exer	motion s	ated in S	Section 119.07(3)(i), Florida Statutes, I further certify that the information	dion	

indicated on this annual report or supplemental amount received to exempt a report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.

SIGNATURE:

OR DIRECTOR

Applied For

Not Applicable