


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90033 011 *****8.75

03-12-1999 90033 012 *****61.25

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|--|--|---|--|--|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N97000006665 | | | | | |
| 1. Corporation Name SEVEN SEAS DEVELOPMENT CORPORATION | | | | | |
| Principal Place of Business 2302 N LOWELL LANE SANTA ANNA CA 92706 | | | Mailing Address 2302 N LOWELL LANE SANTA ANNA CA 92706 | | |



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|---|--|---|--|---|--|
| 2. Principal Place of Business 21 Santa Ana, Ca | | 2a. Mailing Address Santa Ana, Ca 26 P.O. Box 6277 92706 | | Date Incorporated or Qualified 11/24/1997 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 65-0551097 | |
| 22 | | 27 | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| City & State 23 | | City & State 28 Santa Ana Ca 92706 | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 | | Country 25 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 29 92706 | | 30 | | | |

| | | | | | |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent MCCLAIN, MARIE M 1470 SW 19TH AVE FT LAUDERDALE FL 33312 | | | | 10. Name and Address of New Registered Agent | |
| 81 Name | | | | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 83 | | | | | |
| 84 City | | | | 85 Zip Code FL | |

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 *Lawrence Pratt* DATE *1-11-98*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME D PRATT, LAWRENCE | | | | 1.2 NAME | | | |
| STREET ADDRESS 2302 N LOWELL LANE | | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP SANTA ANNA CA 92706 | | | | 1.4 CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME D ANYANE-NTOW, KWABENA | | | | 2.2 NAME | | | |
| STREET ADDRESS 806 JEROME RD | | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP DURHAM NC 27713 | | | | 2.4 CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME D PRATT, D. JANE | | | | 3.2 NAME | | | |
| STREET ADDRESS 1839 WYOMING AVE, NW | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP WASHINGTON DC 20007 | | | | 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 | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Lawrence Pratt* DATE *1-11-99* 714-843-2549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)