

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

000628

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90062 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P26221

1. Corporation Name
SEAFAR AMERICA, INC.



Principal Place of Business 333 SOUTH HIGHLAND AVE. BRIARCLIFF MANOR NY 10510 US	Mailing Address 333 SOUTH HIGHLAND AVE. BRIARCLIFF MANOR NY 10510 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24 25	Zip Country 29 30

3. Date Incorporated or Qualified 09/28/1989	
4. FEI Number 13-5438420	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLER, HANS P.	1.2 NAME	LOHAUS, PETER E.
STREET ADDRESS	333 S. HIGHLAND AVE.	1.3 STREET ADDRESS	333 S. HIGHLAND AVE.
CITY-ST-ZIP	BRIARCLIFF MANOR NY	1.4 CITY-ST-ZIP	BRIARCLIFF MANOR, NY
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOHAUS, PETER E	2.2 NAME	CALLAGHAN, PATRICK J.
STREET ADDRESS	333 S. HIGHLAND AVE.	2.3 STREET ADDRESS	333 S. HIGHLAND AVE.
CITY-ST-ZIP	BRIARCLIFF MANOR NY	2.4 CITY-ST-ZIP	BRIARCLIFF MANOR, NY
TITLE	VS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAGHAN, PATRICK J.	3.2 NAME	
STREET ADDRESS	333 S. HIGHLAND AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRIARCLIFF MANOR NY	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, GARY W.	4.2 NAME	
STREET ADDRESS	333 S. HIGHLAND AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRIARCLIFF MANOR NY	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAIT, CHARLES	5.2 NAME	
STREET ADDRESS	333 S HIGHLAND AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRIARCLIFF MANOR NY	5.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTES, RICHARD	6.2 NAME	
STREET ADDRESS	333 S. HIGHLAND AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRIARCLIFF MANOR NY	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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD E. ANTES

1/5/99 (914)941-7767

Date Daytime Phone #

CR2E034 (11/98)