

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000002089 (0)

1. Corporation Name

SEASAFE INDUSTRIES, INC.

Principal Place of Business

9624 LAKE SERENA DRIVE
BOCA RATON FL 33496

Mailing Address

9624 LAKE SERENA DRIVE
BOCA RATON FL 33496-6518

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

ROBERT M. KRAMER
9624 LAKE SERENA DRIVE
BOCA RATON FL 33496

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ~~DELETE~~
NAME KRAMER, RONNIE
STREET ADDRESS 9624 LAKE SERENA DRIVE
CITY-ST-ZIP BOCA RATON FL 33496

TITLE VP ~~DELETE~~
NAME KRAMER, ROBERT M.
STREET ADDRESS 9624 LAKE SERENA DR.
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ~~DELETE~~
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~DELETE~~
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~DELETE~~
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~DELETE~~
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☒ Addition
1.2 NAME RONNIE E. KRAMER
1.3 STREET ADDRESS 9624 LAKE SERENA DR
1.4 CITY-ST-ZIP BOCA RATON, FL 33496

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

R M Kramer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0341100

FILED
Apr 02 1997 8:00am
Secretary of State



CR2E034 (9/96)