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 # P92000013732 (2)

SEA HAG, INC.

Principal Place of Business Mading Address 87000 OVERSEAS HWY. ISLAMORADA FL 33036 87000 OVERSEAS HWY. ISLAMORADA FL 33038-3110 3. Date Incorporated or Qualified 3a. Date of Last Report 12/23/1992 04/25/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0377793 21 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution Country Zip Country Zio 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BELLINGER, MATTHEW J 404 MAHOGANY CIR. Street Address (P.O. Box Number is Not Acceptable) KEY LARGO FL 33037 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Pforida 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. 9-25-97 (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTOR 12. DELETE Change 11 TOLE TITLE BELLINGER, MATTHEW J 1.2 NAME 404 MAHOGANY CIR. 1.\$ STREET ADDRESS STREET ADDRESS KEY LARGO FL 1.# CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 1111.6 TITLE BELLINGER, ANA 2.2 NAME NAME 404 MAHOGANY CIR. STREET ADDRESS 2.B STREET ADDRESS KEY LARGO FL 2 4 CHY-ST-ZIP CITY - ST - ZIP DELETE Change ___ Addition 34 TITLE TITLE 3 P NAME NAME : 3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 45 TITLE Change TITLE 412 NAMI NAME STREET ADDRESS 4.3 STREET ADDRESS

64 CITY-SI-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 eath; that I am an officer or director of the corporation or the receiver or frustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or on an attachment with an address.

4,4 CITY-ST-ZIP

5/4 City - St - ZiP

6/3 STREET ADDRESS

5.9 TITLE

52 NAME 53 STREET ADDRESS

6.1 TITLE

62 NAME

CIGNATURE.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE NAME

DELETE

DELETE

4-25-97

305-852-8777

Change

Change

Addition

Addition

FILED

May 16 1997 8:00am

Secretary of State