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Apr 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000004652 (2)

1. Corporation Name
SEASIDE PLAZA, INC.

Principal Place of Business
105 DEL PRADO WAY
ST. AUGUSTINE FL 32084

Mailing Address
105 DEL PRADO WAY
ST. AUGUSTINE FL 32084



2. Principal Place of Business

21 4255 AIA South

Suite, Apt. #, etc.

22

City & State

23 St Aug. FL

Zip

24 32084

Country

25

2a. Mailing Address

26 4600 AIA South

Suite, Apt. #, etc.

27

Suite 1000

City & State

28 St Aug. FL

Zip

29 32084

Country

30

3. Date Incorporated or Qualified

01/20/1993

3a. Date of Last Report

04/23/1996

4. FEI Number

59-3162662

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

MCCLURE, GEORGE M
81 KING ST.
SUITE A
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

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 D DELETE

NAME SEAWRIGHT, J A
STREET ADDRESS 105 DEL PRADO WAY
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE D DELETE

NAME DUSSEAU, M W
STREET ADDRESS 341 C WILDWOOD DR.
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE D DELETE

NAME KAMLA, ELDEN G
STREET ADDRESS 123 HERON'S NEST LANE
CITY-ST-ZIP ST. AGUSTINE FL

TITLE D DELETE

NAME KEENE, E L
STREET ADDRESS 1302 S. COLLINS ST.
CITY-ST-ZIP PLANT CITY FL 33566

TITLE D DELETE

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TITLE D DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/97 904-471-3665
Date Daytime Phone #

CR2E034 (9/96)