

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000004652 (2)**

1. Corporation Name
SEASIDE PLAZA, INC.

Principal Place of Business 4255 AIA S ST. AUGUSTINE FL 32084 US	Mailing Address 4800 AIA S STE 1000 ST. AUGUSTINE FL 32084 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/20/1993	
4. FEI Number 59-3162662	Applied For <input type="checkbox"/> 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	27. City & State	28. City & State
22. City & State	29. Zip	30. Country	31. Zip
23. Zip	24. Country	25. Zip	26. Country

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. City		84. 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 SEAWRIGHT, J A	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	105 DEL PRADO WAY	1.2 NAME	
STREET ADDRESS	ST. AUGUSTINE FL 32084	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D DUSSEAU, M W	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	341 C WILDWOOD DR.	2.2 NAME	
STREET ADDRESS	ST. AUGUSTINE FL 32088	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D KAMLA, ELDEN G	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	123 HERON'S NEST LANE	3.2 NAME	
STREET ADDRESS	ST. AGUSTINE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D KEENE, E L	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1302 S. COLLINS ST.	4.2 NAME	
STREET ADDRESS	PLANT CITY FL 33566	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE: *[Signature]* **3/24/98** **904-471-3665**

CR2E034 (10/97)