FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 2:55

DOCUMENT # P93000031856 (6)

1. Corporation Name
SEAWARD REAL ESTATE SERVICES, INC.

Principal Place of Business
4811 SAXON DRIVE
NEW SMYRNA BEACH FL 32169

Mailing Address
4811 SAXON DRIVE
NEW SMYRNA BEACH FL 32169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1993
3a. Date of Last Report: 07/07/1994
4. FEI Number: 59-3178187 — 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

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
REESS, R. R
4811 SAXON DR.
NEW SMYRNA BCH. FL 32169

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 *Robert R. Reess* ROBERT R. REESS 2/13/95

12. OFFICERS AND DIRECTORS

TITLE	~~PD~~
NAME	~~HANKINS, THOMAS E~~ REMOVE
STREET ADDRESS	~~6333 ORANGE BAY AVE~~ DELETE
CITY ST ZIP	~~ORLANDO FL~~
TITLE	~~VPD~~
NAME	BAILEY, TIMOTHY
STREET ADDRESS	20 N. ORANGE AVE., STE. 400
CITY ST ZIP	ORLANDO FL
TITLE	TD
NAME	BEVILACQUA, MARTIN E
STREET ADDRESS	4811 SAXON DRIVE, B-202
CITY ST ZIP	NEW SMYRNA BEACH FL
TITLE	SD
NAME	COCHRAN, MICHAEL
STREET ADDRESS	500 SPRINGCREEK D R.
CITY ST ZIP	LONGWOOD FL
TITLE	[illegible]
NAME	STEVENS, ROY
STREET ADDRESS	419 CARMINE DR.
CITY ST ZIP	COCOA BCH. FL
TITLE	D
NAME	SERIO, SUZANNE
STREET ADDRESS	2331 SPRINGS LANDING BLVD.
CITY ST ZIP	LONGWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VSD	[ ] Change [X] Addition
12 NAME	REESS, ROBERT R.	
13 STREET ADDRESS	4811 SAXON DRIVE	
14 CITY ST ZIP	NEW SMYRNA BEACH, FL 32169	
21 TITLE	PD	[X] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE	VPD	[X] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: *Robert R. Reess Vice Secretary* 2/13/95 (904) 427 3031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0012050 CP