SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

| 19 | 996 | DIVISION OF CC | 711 (717 110710 | - | |
|---|---|---|---|---|--|
| DOCUMENT # P93000054402 (1) | | | | | |
| SEA FEV | ER, INC. | | | | |
| Principal Place of Business | | Mailing Address | | - | II OBIOT BITH BIOJ! BIOT! DOILD HAL IBAL |
| 1354 BARRY ST. CLEARWATER FL 34616 | | 1354 BARRY ST. CLEARWATER FL 34616 | | | |
| | | | | 3. Date Incorporated or Qualified 08/03/1993 | 3a. Date of Last Report 05/22/1995 |
| 2. Principal Plac | ce of Business | 2a. Mailing Address | | 4. FEI Number | Applied For Not Applicable |
| 21 | | 26 | | 59-3192596 | \$8.75 Additional |
| Suite, Apt. #, | , etc. | Suite, Apt #, etc | | 5. Certificate of Status Desired | Fee Required |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for | intangible tax under s. 199 032. |
| 24 | 25 | | 30 | Florida Statutes | Yes No |
| 24 | 9. Name and Address of Curre | | | 10. Name and Address of New Re | egistered Agent |
| DAK | ER. RANDALL W | | 81 Name | | |
| 1354 | 4 BARRY ST. | | 82 Street Add | ress (P.O. Box Number is Not Acceptat | ole) |
| CLE | ARWATER FL 34616 | | 83 | | |
| | | | 84 City | | FL 85 Zip Code |
| | | | | have the etablement for the r | purpose of changing its registered |
| 11. Pursuant to office or reagent. I an | o the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig | 02 and 607.1508, Florida Statute e of Florida Such change was a gations of, Section 607.0505, Flo | es, the above framed corporat uthorized by the corporat irida Statutes. | poration submits this statement for the pion's board of directors. I heroby accep | t the appointment as registered |
| SIGNATURE . | Signative typed or protect teacherst registered to | escape of applicable (90) | i - Registered Agent signature requ | ired when reinstating) | DAIS |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFF | Change Addition |
| TITLE | PD | DELETE | 1.1 TITLE | | Change Acquiren |
| NAME | BAKER, RANDALL W | | 1 2 NAME | | · |
| STREET ADDRESS | 1354 BARRY ST. | | 1.3 STREET ADDRESS | | |
| City-ST-ZIP | CLEARWATER FL 34616 | DELETE | 1 4 City - ST - ZIP 2 1 TiflE | | Change Addition |
| TIFLE | | | 22 NAME | | |
| NAME | | | 2.3 STREET ADDRESS | | |
| STREET ADORESS | | | 2 4 CITY - ST-ZIP | | |
| CITY-ST-ZIP TITLE | | DELETE | 3 1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3 3 STREET ADDRESS | | |
| CITY-ST-ZIP | ļ | | 3.4 CITY-ST-ZIP | | Change Addition |
| TITLE | | DELETE | 4 1 TIILE | | Gharige Adaresh |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | DELETE | 5 1 TITLE | | Change Addition |
| TITLE | | L DEC. IL | 5.2 NAME | | |
| NAME | | | 5 3 STREET ADDRESS | | |
| STREET ADORESS | | | 5.4 CiTY -S1 - ZiP | _ | |
| CITY-ST-ZIP TITLE | | DELFTE | 6 1 TITLE | | Change Addition |
| NAME | | | 6 2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADORESS | | |
| CITY-ST-ZIP | | | 6 4 CITY - ST - ZIP | it to the example stated in Cool of | o 119 O7(3)(k) Florida Statutes I |

14. I do hereby certify that the information supplied with this filing is voluntarily turnshed and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE

SIGNATURE

Daylore Private

Daylore

July 31, 1996 8134436564