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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000055898

1. Corporation Name
SEA HORSE ADVENTURES, INC.

Principal Place of Business	Mailing Address
SEA HORSE MARINA 5001-5TH AVENUE KEY WEST FL 33040 US	SEA HORSE MARINA 5001 5TH AVENUE KEY WEST FL 33040 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 08/09/1993
4. FEI Number: 59-2727835 ☐ 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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
~~SHEPARD, WILLIAM C~~ [illegible] ~~KEY WEST FL 33040~~

10. Name and Address of New Registered Agent
81 Name: ~~P. David Hickey~~ Theodore G. Lekstis
82 Street Address (P.O. Box Number is Not Acceptable): ~~[illegible]~~ 4600 Hillcrest
83 Hollywood
84 City: ~~Key West~~ FL 85 Zip Code 33021

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] 3-21-99
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	~~SHEPARD, WILLIAM C~~		1.2 NAME	P. David Hickey	
STREET ADDRESS	~~450 N9 BLACKBEARD LN~~		1.3 STREET ADDRESS	32760 Kings	
CITY-ST-ZIP	CUDJOE KEY FL		1.4 CITY-ST-ZIP	New Hosh, Mi 48164	
TITLE	VP	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	GUERRY, EDWARD		2.2 NAME		
STREET ADDRESS	450 N9 BLACKBEARD LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	CUDJOE KEY FL		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	~~SHEP, ROAGALE~~		3.2 NAME	Theodore G. Lekstis	
STREET ADDRESS	~~450 N9 BLACKBEARD LN~~		3.3 STREET ADDRESS	4600 Hillcrest	
CITY-ST-ZIP	~~CUDJOE KEY FL~~		3.4 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	~~P. David Hickey~~	☐ DELETE	4.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	~~President~~		4.2 NAME	V. Robert Colton	
STREET ADDRESS	~~[illegible] Kings~~		4.3 STREET ADDRESS	7340 Creekview	
CITY-ST-ZIP	~~New Hosh, Mi 48164~~		4.4 CITY-ST-ZIP	West Bloomfield, Mi. 48322	
TITLE	~~Theodore Lekstis~~	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	~~Vice President~~		5.2 NAME		
STREET ADDRESS	~~4600 Hillcrest, Hollywood FL 33021~~		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	~~V. Robert Colton Vice President~~	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	~~7340 Creek View~~		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	~~West Bloomfield, Mi. 48322~~		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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED 1-13-99 1-305-292-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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