

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
TAMARA B. MORTIMER  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

MAY -1 PM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000066156 (9)

1. Corporation Name

SEAWEED SAM'S, INC.

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                     |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>09/17/1993                                                                                                     | 3a. Date of Last Report<br>04/19/1994 |
| 4. FEI Number<br>59-3204270                                                                                                                         | Apply for<br>Not Applicable           |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                        | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                               | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under § 199.032,<br>Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                                                                        |                                                                             |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21. State Apt. # etc.<br>22. City & State<br>23. Zip | 20. Mailing Address<br>26. State Apt. # etc.<br>27. City & State<br>28. Zip |
| 24. State<br>25. City                                                                  | 29. State<br>30. City                                                       |

9. Name and Address of Current Registered Agent

DIAZ, ROSENDO JR  
110 WEST MAIN STREET  
INVERNESS FL 34451

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(8), 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 a registered agent, Florida Statutes.

SIGNATURE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                                              |                                                               | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995          |  |
|-------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------|--|
| NAME<br>DIAZ, ROSENDO JR<br>8990 SWEETWATER DRIVE<br>INVERNESS FL 34450 | 1. OFFICE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
|                                                                         | 1. OFFICE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
|                                                                         | 1. OFFICE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
|                                                                         | 1. OFFICE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
|                                                                         | 1. OFFICE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
|                                                                         | 1. OFFICE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
|                                                                         | 1. OFFICE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
|                                                                         | 1. OFFICE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 190.02(1)(b), Florida Statutes. I further certify that the information indicated on this affidavit 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 1 of Block 13 of this filing or on an attachment with an address.

SIGNATURE: RosenDio ROSENDO DIAZ 4/28/95 9046272227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR