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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996				retary of Sta OF CORPOR		ONS				
DOCUN 1. Corporation		# P930	00007	2248	(6)						
SEA J	IAY ENTE	RPRISES, INC									
Principal Place	of Business		Mailir	ng Address	······································				()) 61 6() 63 ()		ALBIN BLANK INI INDI
1126 BUCK	WOOD DRIVE		1126 BUCKWOOD DRIVE								
ORLANDO F				RLANDO FL 328							
		<u> </u>						3. Date Incorporated or Qualified 10/18/1993	3a. Date	of Last F 05/01/1	
2. Principal Place 21	ice of Busines	SS		2a. Mailing Address				4. FEI Number			Applied For
Suite, Apt. #	, etc.		26 Si	Suite, Apt. #, etc.				59-3206979			Not Applicable
22			27					5. Certificate of Status Desired			5 Additional Required
City & State				ty & State				6. Election Campaign Financing			00 May Be
23 Z _I p		Country	28 Zı		Cou	intry		Trust Fund Contribution		Adde	ed to Fees
24	12	- CCCI16 y	29	,	30	ırıtry		This corporation has liability for i Florida Statutes Yes		k under s	; 199.032,
	9. Name a	nd Address of Cui		ed Agent	1501	[10. Name and Address of New R		gent	
						81	Name				
HOBBS, CHERYL J						82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
1126 BUCKWOOD DRIVE ORLANDO FL 33607					83						
OILAN	DO 1 E 330	<i>)</i>				8					
						84	City		EI	85 Z	ip Code
11. Pursuant to or registere familiar with	the provision d agent, or b n, and accept	ns of Sections 607.0 oth, in the State of F the obligations of, S	502 and 607.19 forida. Such ch section 607.050	508, Florida Stati ange was author 5, Florida Statut	utes, the abo rized by the d es.	ve-n corpo	amed corpo pration's boa	oration submits this statement for the pur ard of directors. I hereby accept the appo	oose of char intment as	nging Its registered	registered office d agent. I am
SIGNATURE	lignature, typed or	printed name of registered a	igent and title if applic	able. 1	NOTE Buastered	Apent	Signature requir	red when reinstating)			
12.			AND DIRECTO		13.	7.90	signature radia.	ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTO	ORS IN 12
TITLE	D	A. 1880. 11		DELETE	1 1 1	ITLE] Change	Addition
NAME		CHERYL J			12 N	AME					İ
STREET ADDRESS		JCKWOOD DRIVE DO FL 32806	•		1.3 S1	REET	ADDRESS				
COLY-SI-ZOP TIFLE	ONDANI	JU FL 32000		☐ DELETE		TY-SI	- ZIP				
NAME					2.17i 22N/				L] Change	☐ Addition
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP					2.4 CI						
1171.6	· -			DELETE	3. 1 7				———] Change	Addition
NAME					3.2 N/	ME					_
STREET ADDRESS					3.3 S	TREE T	address				
CITY-ST-ZIP TITLE				C OFFERE	3 4 CI		- ZIP				
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CITY-SI ZIP					4.3 ST						
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NAME					5 2 NA	ME			_		
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THILE				☐ DELETE	6 1 TI					Change	Addition
NAMÉ CTUSE LADORECE					6 2 NA						
STREET ADDRESS					1 63 ST	HEET A	DDRESS				

CITY-SI 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)(k), 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 29, 1996

Daytime Phone #