FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000078705 (9)

SEA STRUCTURES INCORPORATED

Principal Place of Business Mailing Address 1440 POINCIANA AVE. 1440 POINCIANA AVE. FT. MYERS FL 33901 FT. MYERS FL 33901 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/08/1993 2, Principal Place of Business 2a. Mailing Address Applied For 65-0451664 21 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MORRIS, RICHARD 1440 POINCIANA AVE. Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33901 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statufes, 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 11 TITLE MORRIS, RICHARD NAME 1.2 NAME 1440 POINCIANA AVE. STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE ANDERSON, ALAN J 2.2 NAME NAME 17971 SAN CARLOS BLVD STREET ADDRESS 2.3 STREET ADORESS FT MYERS BEACH FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZIF 34 CITY-ST-ZIP Addition DELETE TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6 1 TITLE Change Addition

14. Thereby 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 empewered 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 or an attachment with auxiditiess.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Kulmillm:

3.4.98 941-334-0775

FILED

Mar 12 1998 8:00am

Secretary of State

:R2E034 (10/97)