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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000000446 (2)

1. Corporation Name

SEA GRAPE INVESTMENTS, INC.

Principal Place of Business

**3049 N.E. 163RD ST.
N MIAMI BEACH FL 33160**

Mailing Address

**3049 N.E. 163RD ST.
N MIAMI BEACH FL 33160**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/23/1993

3a. Date of Last Report
03/29/1994

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

4. FEI Number

65-0458500

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 has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

22. City & State

23

Country

27. City & State

28

Country

24. Zip

25

29. Zip

30

9. Name and Address of Current Registered Agent

**WHITE NANCY
3049 NE 163 ST.
N. MIAMI BCH., FL 33160**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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 this 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 1994 applicable

(NOTE: Registered Agent signature required when nonattending)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SREDNI, ISAAC
STREET ADDRESS	3049 N.E. 163RD ST.
CITY- ST- ZIP	N MIAMI BEACH FL 33160
TITLE	D
NAME	SREDNI, ERWIN
STREET ADDRESS	3049 N.E. 163RD ST.
CITY- ST- ZIP	N MIAMI BEACH FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	SREDNI, ISAAC	
13 STREET ADDRESS	3049 NE 163 ST	
14 CITY- ST- ZIP	N. MIAMI BCH, FL 33160	
21 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	SREDNI, ERWIN	
23 STREET ADDRESS	3049 NE 163 ST	
24 CITY- ST- ZIP	N. MIAMI BCH, FL 33160	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this report was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 recorder 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:

INITIALS AND TYPE OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

3/16/95

(305) 9450405

(Date)

(Typed Name)