

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton,  
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**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

**12/23/1993**

3a. Date of Last Report

**03/27/1995**

4. FEIN 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.  Yes  No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0599 and 607.1626, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0599, Florida Statutes.

SIGNATURE

Signature of person making this report (Signature of Agent)

Signature of Registered Agent (Signature of New Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	SREDNI, ISAAC	
STREET ADDRESS	3049 N.E. 163RD ST.	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SREDNI, ERWIN	
STREET ADDRESS	3049 N.E. 163RD ST.	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1. TITLE	V D S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	SREDNI ISAAC	
3. STREET ADDRESS	3049 NE 163 ST	
4. CITY-ST-ZIP	N MIAMI BEACH, FL 33160	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption status of Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or biennial 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 secretary or business emergency controller of the corporation as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/96 (305) 9450405

CR2E034 (12/95)