FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000005585 (2)**

1. Corporation Name

SEAMEL J, INC.

Principal Place of Business	Mailing Address
141 BARTON AVE PALM BEACH FL 33480	141 BARTON AVE PALM BEACH FL 33480

3. Date Incorporated or Qualified: **01/14/1994**
3a. Date of Last Report: **02/07/1995**

2. Principal Place of Business (21, 22, 23, 24, 25)
2a. Mailing Address (26, 27, 28, 29, 30)

4. FEI Number: **65-0470733** ☐ 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

9. Name and Address of Current Registered Agent

ERICKSON, PAUL B
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name: HANLON, Tim
82 Street Address (P.O. Box Number is Not Acceptable): 321 Royal Poinciana Plaza
83 Palm Beach, Florida 33480
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 Section 607.0505, Florida Statutes.

SIGNATURE: Tim Hanlon — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE: S	☐ DELETE	1 TITLE: DPT 1 NAME: Seabrook, Victor M 1 STREET ADDRESS: 141 Barton Avenue 1 CITY-ST-ZIP: Palm Beach, Florida 33480	☐ Change ☐ Addition
2 TITLE: 2 NAME: BELLIS, MARGARET F 2 STREET ADDRESS: 53 PRINCE GEORGE DRIVE 2 CITY-ST-ZIP: ETOBICOKE ON	☐ DELETE	2 TITLE: 2 NAME: 2 STREET ADDRESS: 2 CITY-ST-ZIP:	☐ Change ☐ Addition
3 TITLE: 3 NAME: 3 STREET ADDRESS: 3 CITY-ST-ZIP:	☐ DELETE	3 TITLE: 3 NAME: 3 STREET ADDRESS: 3 CITY-ST-ZIP:	☐ Change ☐ Addition
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CR2E034 (12/95)

14. I hereby certify that the information supplied with this report is true, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 Blocks 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: V. M. Seabrook — January 30, 1996 — 407-659-1483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #