

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 # **P94000017962 (9)**

1. Corporation Name
WHITE LOTUS CORP.



Principal Place of Business: **904 LEE BLVD. STE. 104 LEHIGH ACRES FL 33936**
Mailing Address: **POST OFFICE BOX 512 LEHIGH ACRES FL 33970 US**

3. Date Incorporated or Qualified: **03/03/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **APPLIED FOR 65-0586772**
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

2. Principal Place of Business (21-23) and Mailing Address (24-26) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WACK, ROSE B~~
904 LEE BLVD.
STE. 104
LEHIGH ACRES FL 33936

81 Name: **SEALCO GROUP, INC**
82 Street Address: **904 LEE BLVD, SUITE 104**
83 **- SUITE 104**
84 City: **LEHIGH ACRES** FL 85 Zip Code: **33936**

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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Sealco Group, Inc, RW Wack, CEO* DATE: **4/20/96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/> DELETE
NAME	WACK, ROSE B	
STREET ADDRESS	904 LEE BLVD, SUITE 104	
CITY - ST - ZIP	LEHIGH ACRES FL	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	HERMANN KNAB	
STREET ADDRESS	C/O 904 LEE BLVD, SUITE 104	
CITY - ST - ZIP	LEHIGH ACRES FL	
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 12		Change	Addition
1.1 TITLE	SECRETARY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	ROSE WACK		
1.3 STREET ADDRESS	904 LEE BLVD SUITE 104		
1.4 CITY - ST - ZIP	LEHIGH ACRES, FL 33936		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 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: *RW Wack, SECRETARY* DATE: **4/13/96** DAYTIME PHONE #: **941/368-3080**

CR2E034 (12/95)