

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 31, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO STATE: \$375.)

FILED

96 SEP 19 PM 4:23

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # P94000026779 (6)

1. Corporation Name  
**SEA TYLER CORPORATION**



4000001565004  
 -10/04/96--01038--023  
 \*\*\*225.00 \*\*\*225.00

Principal Place of Business Mailing Address  
**555 HARRISON AVE.  
 ASSN.  
 CAPE CANAVERAL FL 32920  
 US** **320 N. ATLANTIC AVE.  
 COCOA BEACH FL 32931**

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt #, etc 26 **555 HARRISON AVE.**  
 22 City & State 27 **ASSN.**  
 23 **CAPE CANAVERAL, FL**  
 24 Zip 25 Country 29 **32920** 30 **US**

3. Date Incorporated or Qualified 3a. Date of Last Report  
**04/06/1994** **05/01/1995**  
 4. FEI Number Applied For  
**APPLIED FOR 65-0693323** 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  
**DOLENSHEK, ALAN L  
 43 COUNTRY CLUB ROAD  
 COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent  
 81 Name **FRESE, GARY B**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**930 S. HARBOR CITY BLVD., SUITE 505**  
 83  
 84 City **MELBOURNE** FL 85 Zip Code **32901**

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 *[Signature]* **6/30/96**  
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DOLENSHEK, ALAN L</b>	
STREET ADDRESS	<b>43 COUNTRY CLUB ROAD</b>	
CITY-ST-ZIP	<b>COCOA BEACH FL 32931</b>	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>DPST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>SCHMIDT, ROBERT</b>	
13 STREET ADDRESS	<b>19601 W. BLUEMOUND ROAD</b>	
14 CITY-ST-ZIP	<b>BROOKFIELD, WI 53045</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **ROBERT SCHMIDT 6-28-96**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #