

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 24 PM 12:10**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P94000056869 (8)**

1. Corporation Name

**SEA SAIL INCORPORATED**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business      Mailing Address  
**115 WOODLAND RD      115 WOODLAND RD  
PALM SPRINGS FL 33461      PALM SPRINGS FL 33461**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
<b>21</b>		<b>26</b>		<b>65-0524280</b>		<input type="checkbox"/>	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>22</b>		<b>27</b>					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>23</b>		<b>28</b>					
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SCHNEIDER, LARRY M 115 WOODLAND RD PALM SPRINGS FL 33461</b>				<b>81</b>	Name		
				<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)		
				<b>83</b>			
				<b>84</b>	City		<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>PRESIDENT</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>1251 SE 14 COURT</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>DUNEDIN DISTRICT FL 33441</b>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>STATE DIRL SR</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>VICE PRESIDENT</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>3601 NW 33RD AVENUE</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>LINDAVALE LUTS FL 33201</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>SECRETARY/TREASURER</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>LARRY M. SCHNEIDER</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>DIRECTOR</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>MICHAEL PAUL</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>110 BRUNING DRIVE</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Larry M. Schneider      LARRY M. SCHNEIDER      4-18-95      95-870150  
Signature and Typed or Printed Name of Signing Officer or Director      Date      Daytime Phone #