FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000058188 (1)**

1. Corporation Name

SEAGREEN MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
ADORNO & ZEDER - C/O ANDRE L. WILLIAMS 2255 GLADES RD., SUITE 342W BOCA RATON FL 33431	ADORNO & ZEDER - C/O ANDRE L. WILLIAMS 2255 GLADES RD., SUITE 342W BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/05/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 5975 SUNSET DR
22 Suite, Apt. #, etc.: 501
23 City & State: S. MIAMI, FL
24 Zip: 33143
25 Country:

2a. Mailing Address
26: 5975 SUNSET DR
27 Suite, Apt. #, etc.: 501
28 City & State: S. MIAMI FL
29 Zip: 33143
30 Country:

4. FEI Number: 65-0533803 ☐ 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

WILLIAMS, ANDRE L
2255 GLADES RD.
SUITE 342W
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: GREEN, CAREY DR
82 Street Address (P.O. Box Number is Not Acceptable): 5975 SUNSET DR SUITE 501
83:
84 City: SOUTH MIAMI FL 85 Zip Code: 33143

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: Carey Green — DATE: 4/11/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	GREEN, CAREY DR	12 NAME	GREEN, CAREY DR.	
STREET ADDRESS	C/O 2255 GLADES RD., SUITE 342W	13 STREET ADDRESS	5975 SUNSET DRIVE SUITE 501	
CITY-ST-ZIP	BOCA RATON FL 33431	14 CITY-ST-ZIP	S. MIAMI, FL 33143	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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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: Carey Green — 4/11/94 — 305-665-0881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0258781 CP