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 # **P94000062571 (2)**

1. Corporate Name

SEACREST GROUP, INC.

Principal Place of Business

224 S MILITARY TRAIL
230 ROYAL PALM WAY. SUITE 300
DEERFIELD BEACH FL 33442
US

Mailing Address

224 S MILITARY TRAIL
230 ROYAL PALM WAY. SUITE 300
DEERFIELD BEACH FL 33442
US

2. Principal Place of Business
21
Street Address, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street Address, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **08/22/1994**

3a. Date of Last Report: **05/22/1995**

4. FEI Number: **65-0520702** ☐ 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

HAUSMAN, ROBERT L
224 S MILITARY TRAIL
SUITE 300
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name: Fields Robert A.
82 Street Address (P.O. Box Numbers Not Acceptable): 224 S. Military Trail
83
84 City: Deerfield Beach FL 85 Zip Code: 33442

11. Pursuant to the provisions of Sections 607.0505 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TYPE	P	☐ DELETE
NAME	FIELDS, ROBERT A	
STREET ADDRESS	5438 NW 109TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL	
TYPE	VP	☐ DELETE
NAME	FRIEDLAND, JEFFREY	
STREET ADDRESS	20047 PALM ISLAND DR	
CITY-ST-ZIP	BOCA RATON FL	
TYPE	ST	☐ DELETE
NAME	SCHNEIDER, SCOTT	
STREET ADDRESS	7975 YORKSHIRE CT	
CITY-ST-ZIP	BOCA RATON FL	
TYPE	D	☐ DELETE
NAME	HAUSMAN, ROBERT L	
STREET ADDRESS	6048 NW 32ND CT	
CITY-ST-ZIP	BOCA RATON FL	
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TYPE		☐ Change ☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TYPE		☐ Change ☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TYPE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TYPE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TYPE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TYPE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is 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 Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Robert A. Fields 1/31/96 954-421-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)