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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000007210 (4)

1. Corporation Name
SEVEN SEAS DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

~~3010 W. HILLSBORO BLVD.~~
~~DEERFIELD BEACH FL 33442~~

~~3310 W. HILLSBORO BLVD.~~
~~DEERFIELD BEACH FL 33442-0403~~

2302 N. Lowell Lane
Santa Anna, Calif
92706

1470 S.W. 19 Ave
Ft. Lauderdale, FL
33312

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

MCCLAIN, MARIE M E.A.
1470 SW 19TH AVE.
FT. LAUDERDALE FL 33312

3. Date Incorporated or Qualified

01/27/1995

3a. Date of Last Report

07/08/1996

4. FEI Number

65-0551097

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MCEWEN, JOHN
STREET ADDRESS 1470 SW 19TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Dr. Pratt
1.3 STREET ADDRESS 2302 N. Lowell Lane
1.4 CITY-ST-ZIP SANTA ANNA, CALIF 92706

2.1 TITLE
2.2 NAME John McEwen
2.3 STREET ADDRESS 3151 Soaring Gulls Dr.
2.4 CITY-ST-ZIP Las Vegas, NV 89129

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 28, 1997

Date

Daytime Phone #

CR2E034 (9/96)