

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000035717 (4)

1. Corporation Name
SEAWAY MARKETING, INC.



Principal Place of Business 1117 RIDGE DRIVE PALM HARBOR FL 34683	Mailing Address 1117 RIDGE DRIVE PALM HARBOR FL 34683-2726
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3. Date Incorporated or Qualified 05/01/1995	3a. Date of Last Report 03/05/1996
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2. Principal Place of Business 21 2830 OAKRIDGE CT Suite, Apt. #, etc. 22 City & State 23 PALM HARBOR Zip 24 34685 Country 25 USA	2a. Mailing Address 26 2830 OAKRIDGE CT Suite, Apt. #, etc. 27 City & State 28 PALM HARBOR Zip 29 34685 Country 30 USA
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4. FEI Number 59-3314755	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TORRENACE, ALFRED W JR 6845 RIDGE ROAD PORT RICHEY FL 34668	
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D BERNARD, PAUL
STREET ADDRESS	1117 RIDGE DRIVE
CITY-ST-ZIP	PALM HARBOR FL 34683
TITLE	<input type="checkbox"/> DELETE
NAME	D BEHAYLO, GERALD E
STREET ADDRESS	1117 RIDGE DRIVE
CITY-ST-ZIP	PALM HARBOR FL 34683
TITLE	<input type="checkbox"/> DELETE
NAME	D BEHAYLO, LEONARD W
STREET ADDRESS	1117 RIDGE DRIVE
CITY-ST-ZIP	PALM HARBOR FL 34683
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	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2830 OAKRIDGE CT
1.4 CITY-ST-ZIP	PALM HARBOR FL 34685
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2830 OAKRIDGE CT
2.4 CITY-ST-ZIP	PALM HARBOR FL 34685
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2830 OAKRIDGE CT
3.4 CITY-ST-ZIP	PALM HARBOR FL 34685
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **PAUL BERNARD** 1-24-97 (813) 645-3235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)