

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

PROFIT
CORPORATION
ANNUAL REPORT



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

1997**DOCUMENT # P95000048791 (4)****SEATIK CORPORATION****FILED**

97 APR 22 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Principal Office Address		2a. Mailing Address		3. Date Incorporated or Qualified		3b. Date of Last Report	
% PHULWANI & LEVINE 777 LANTANA ROAD LANTANA FL 33462		% PHULWANI & LEVINE 777 LANTANA ROAD LANTANA FL 33462-1632		06/26/1995		11/25/1996	
2. Principal Office City, State, Zip, Country		2a. Mailing Address City, State, Zip, Country		4. FCI Number		5. Certificate of Status Desired	
21. City 22. State 23. Zip 24. Country		26. City 27. State 28. Zip 29. Country		65-0595153		☐ \$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. 193.032 Florida Statutes		☒ Yes ☐ No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

COHAN, DOLLY
% PHULWANI & LEVINE
777 LANTANA ROAD
LANTANA FL 33462

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. State	86. Zip Code
				FL	

11. The principal office of the corporation is located in the State of Florida. The above-named corporation submits this statement for the purpose of obtaining its registered agent's report on its behalf. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as required by Section 607.0505, Florida Statutes.

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. NAME	13. DATE	14. NAME	15. DATE
KOPPELMANN, KARL-OTTO		000002150160-6	
16. STREET ADDRESS	17. CITY, ST, ZIP	-04/22/97--01007--011	
18. CITY, ST, ZIP	19. DATE	****165.00 ****165.00	
20. NAME	21. STREET ADDRESS		
22. CITY, ST, ZIP	23. DATE		
24. NAME	25. STREET ADDRESS		
26. CITY, ST, ZIP	27. DATE		
28. NAME	29. STREET ADDRESS		
30. CITY, ST, ZIP	31. DATE		
32. NAME	33. STREET ADDRESS		
34. CITY, ST, ZIP	35. DATE		
36. NAME	37. STREET ADDRESS		
38. CITY, ST, ZIP	39. DATE		
40. NAME	41. STREET ADDRESS		
42. CITY, ST, ZIP	43. DATE		
44. NAME	45. STREET ADDRESS		
46. CITY, ST, ZIP	47. DATE		
48. NAME	49. STREET ADDRESS		
50. CITY, ST, ZIP	51. DATE		

14. I, the undersigned, being duly sworn, depose and say that the foregoing is a true and correct copy of the annual report of the corporation as required by Chapter 607, Florida Statutes, and that my name is the name of the person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name is the name of the person authorized to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE: 20. Koppelman
2 APR 97 1:18 PM
10K 2/6/97 9415668523
FILED 002