

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000052044 (1)
1. Corporation Name

SEA ESTA OF INDIALANTIC, INC.

Principal Place of Business

Mailing Address

2117 JOSHUA DRIVE, N.E.
PALM BAY FL 32905

2117 JOSHUA DRIVE, N.E.
PALM BAY FL 32905



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	ABOVE	26	ABOVE	07/05/1995	NONE
Suite, Apt #, etc		Suite, Apt #, etc		4. FEI Number	Applied For Not Applicable
22		27		59 3337724	
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25 BREVARD	29	30 BREVARD	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MOSLEY, CURTIS R 1221 EAST NEW HAVEN AVENUE MELBOURNE FL 32901				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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's signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MORAN, JAMES J	11 TITLE	
NAME	MORAN, JAMES J	12 NAME	
STREET ADDRESS	2117 JOSHUA DRIVE, N.E.	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	14 CITY-ST-ZIP	
TITLE	D MORAN, MARGARET	21 TITLE	
NAME	MORAN, MARGARET	22 NAME	
STREET ADDRESS	2117 JOSHUA DRIVE, N.E.	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

CR2E034 (3/96)

SIGNATURE:

James J. Moran

7/12/1995