

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000058173 (2)

1. Corporation Name

SEAS EXHIBITIONS, INC.



Principal Place of Business

402 APPELROUTH LANE
KEY WEST FL 33040

Mailing Address

402 APPELROUTH LANE
KEY WEST FL 33040

3. Date Incorporated or Qualified

07/27/1995

3a. Date of Last Report

2. Principal Place of Business

21 1517 Dennis Street

2a. Mailing Address

26 517 Whitehead Street

4. FEI Number

65-0596088

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Key West, FL

City & State

28 Key West, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24 33040

25

Zip

Country

29 33040

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BROWNING, MICHAEL
402 APPELROUTH LANE
KEY WEST FL 33040

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 607.05(2) 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 responsibility of, Sections 607.05(2), Florida Statutes.

SIGNATURE

[Signature]

Michael L. Browning

(Date Registered Agent Signature Required when Registering)

1/30/96

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

SINCLAIR, LISA M

STREET ADDRESS

402 APPELROUTH LANE

CITY-STATE-ZIP

KEY WEST FL 33040

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

P.D.

2. NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change 1, or attach attachment with an address

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa Sinclair

1/30/96

Date

305-296-6307

Corporate Phone #

CR2E034 (12/95)