

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 # P95000064416 (7)

1. Corporation Name

BEYOND THE SEA, INC.



Principal Place of Business

3810 N. UNIVERSITY DR.
#318
SUNRISE FL 33351

Mailing Address

3810 N. UNIVERSITY DR.
#318
SUNRISE FL 33351

3. Date Incorporated or Qualified 08/21/1995
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 3801 N. University Dr.	26 3801 N. University Dr.	65-0604345	Not Applicable
22 Suite, Apt. #, etc. Suite 318	27 Suite, Apt. #, etc. Suite 318	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City & State Sunrise, FL	28 City & State Sunrise, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip 33351 Country Broward	29 Zip 33351 Country Broward	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CRAMMER, EDWIN L
3801 N. UNIVERSITY DR.
#318
SUNRISE FL 33351

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, as applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHEORGE, ELYANE	1.2 NAME	GHEORGE, ELAYNE
STREET ADDRESS	3801 N. UNIVERSITY DR. #318	1.3 STREET ADDRESS	
CITY-STATE-ZIP	SUNRISE FL 33351	1.4 CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAMER, FELICE	2.2 NAME	CRAMMER, FELICE
STREET ADDRESS	3801 N. UNIVERSITY DR. #318	2.3 STREET ADDRESS	
CITY-STATE-ZIP	SUNRISE FL 33351	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	9000001820463
STREET ADDRESS		5.3 STREET ADDRESS	-05/14/96--01069--000 027
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	***200.00
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 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 changed, or on an attachment with an address.

SIGNATURE:

Felice Cramer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 (954) 742-8700
Date Daytime Phone #

CR2E034 (12/95)