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

PROFIT CORPORATION ANNUAL REPORT



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

**DOCUMENT #** 

1996

P95000078700 (8)

1. Corporation Name SEASOURCE UNLIMITED INC.

Principal Place of Business

Mailing Address



2727 N. ANDREWS AVENUE. #102 WILTON MANORS FL 33311		2727 N. ANDREWS AVENUE. #102 WILTON MANORS FL 33311					
	-				3. Date Incorporated or Qualified 10/09/1995	3a. Date of Las	,
2. Principal Pl	SE 20TH ST	2a. Mailing Address			4. FEI Number		Applied For
21 923 SE 207H ST 26 GIOI VALM TRACE LAI Suite, Apt. #, etc. Suite, Apt. #, etc.				LANDINGS	65-0617610		Not Applicable
22 BUILDING D UNIT 25 27 # 10 7 City & State City & State					5. Certificate of Status Desired	1 1	. <b>75</b> Additional ee Required
23 FORT LAUDER DALE HZ8 DAVIE FL					<ul> <li>6. Election Campaign Financing Trust Fund Contribution</li> </ul>	1 1	.00 May Be
Zip 24 3331	6 25 BROWARD	Zip 29]333314	Count	y Roward	8. This corporation has liability for it Florida Statutes Yes		
	g, Name and Address of Current R		<u>س ات</u>		10. Name and Address of New R		
FLANAGAN PRENDAN I							
2727 N. ANDREWS AVENUE, #102					ss (P.O. Box Number is Not Acceptable)		
					PALM TRACE	LANDING	5 #107
. WILTON	i Manorș fl 33311		8:	3			
	<b>\</b>		84	City To		1_1	7.0
				" VAI		FL  85	Zip Code 33314
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, for Nath unline 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 appointment as registered agent. I am							
familiar with, and accept the upligations of, Section 607,0505, Florida Statutes.							
	Signature, types of printed nature diregistured agent and to	itle if applicable (NOTE		AGAN ont signature required w	PRESIDENT	DATE	26/96
12.	ON ICERS AND DI		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	
TITLE	PRESIDENT/ CEO	DELETE	1 1 TITLE			Chan	ge 🔲 Addition
NAME	BRENDAN FLANAGAN		1.2 NAME				
STREET ADDRESS	GIOT PALM TRACE LANDIN		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	ET OF FAC		1.4 CrTY-	ST-ZIP			
TITLE			2 1 TITLE			Chang	ge 🔲 Addition
NAME STREET ARRESS			2.2 NAME				
STREET ADDRESS			2 3 STREE	TADDRESS			
CITY-ST-ZIP TITLE		Fig DELETE	2.4 CITY -				
NAME		DELETE	3 1 TITLE			Chang	ge Addition
STREET ADDRESS			3.2 NAME				
				FT ADDRESS			
CITY-ST-ZIP TITLE		□ DELETE	3 4 CITY-				
NAME		□ nere it	4 1 TITLE			Chang	ge 🗌 Addition
STREET ADDRESS I			4.2 NAME		**** party party party at 1.000 =	···	
CITY-ST-ZIP			4	I ADDRESS	50000193 -05/24/96010	18082	
TITLE		DELETE	4.4 CITY -	SI-ZIP	***200.00		
NAME		LJ OETCIE	5. 1 TITLE		<i>ԴԳԳԸ</i> ԱՄ. ՄՄ	☐ Chanç	e 🔲 Addition
STREET ADDRESS			5.2 NAME	. ABODE OF			
CITY-ST-ZIP			4	1 ADORESS			
TITLE		□ DELETE	5.4 CITY-	SI-ZIP		Print o	
NAME			6 1 TITLE			☐ Chang	ge
STREET ADDRESS			62 NAME				
CITY-ST-ZIP				I ADDRESS			
	y certify that the information supplied with the information indicated by the subject to	this filing is valuatorily 6 miles	6.4 CITY-	ST-ZIP	the annual East state of the		
certify that	the information indicated on this annual re-	port or supplemental annual	report is tr	is not quality for t de and accurate	the exemption stated in Section 119.0 and that my signature shall have the s	ਮ(ਤ)(k), Florida Sta ame legal effect a	tutes. I further s if made under
appears in	the information indicated on this enumal re am an officer or director of their orbitalio Block 12 or Block Milishanges, or an ar	n or the receiver or trustee e nallachment with an address	nipowered	to execute this re	eport as required by Chapter 607, Flo	rida Statutes; and	that my name

SIGNATURE:

FLANAGAN