

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000081934 (8)**

1. Corporation Name
RAJEN SEAS CORP.



Principal Place of Business: **115 QUEEN CATHERINE COURT HUTCHINSON ISLAND FL 34949**
Mailing Address: **115 QUEEN CATHERINE COURT HUTCHINSON ISLAND FL 34949**

2. Principal Place of Business		2a. Mailing Address	
21	26		
Suite, Apt. #, etc		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified 10/19/1995	3a. Date of Last Report
4. FEI Number 59-334 6732	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SCHATZ, RANDEE S
220 SUNRISE AVENUE STE 209
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent	
81 Name	DONNA E. MURRAY
82 Street Address (P.O. Box Number is Not Acceptable)	1318 SW COTTON WOOD COVE
83	
84 City	PORT ST LUCIE FL
85 Zip Code	34986

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: *Donna E Murray* **DONNA E. MURRAY** DATE: **6/4/96**

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBELLI, JAMES P	
STREET ADDRESS	115 QUEEN CATHERINA COURT	
CITY-ST-ZIP	HUTCHINSON ISLAND FL 34949	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURRAY, GARTH	
STREET ADDRESS	2100 NEBRASKA AVENUE STE 202	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Garth Murray*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GARTH MURRAY

DATE: **6/4/96**
561-460-8444
DIRECTOR

CR2E034 (12/95)