## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P95000081934 (8)

RAJEN SEAS CORP.

Principal Place of Business

Mailing Address

2a. Mailing Address

115 QUEEN CATHERINE COURT HUTCHINSON ISLAND FL 34949

115 QUEEN CATHERINE COURT HUTCHINSON ISLAND FL 34949-8317

## **FILED** May 21 1997 8:00am Secretary of State

3a. Date of Last Report

07/08/1996



3. Date Incorporated or Qualified

10/19/1995

| 2. Principal Ps  | ace of Business  Nebraska Avenue   | 2a. Mailing Address                | dea d  | hume  | 4. FEI Numbe<br>59-3346                               |  |              | <del></del>              | pplied For<br>at Applicable |  |
|--|--|------------------------------------|--|---|---|--|--------------|--------------------------|-----------------------------|--|
| Suite, Apt a   |  | Suite, Apt. #, etc.                |  |   |   | of Status Desired                      | 12           | \$8.75 A                 | Additional                  |  |
| City & State<br>23 FORT  | Pierce, FL   | City & State 28 FORT PLEASE        | <u> ,                                   </u> | = L   | 1   | ampaign Financing<br>Contribution      |              | <b>\$5.00</b><br>Added t |                             |  |
| <sup>Zφ</sup><br>24] 3 <b>५</b> 9%   | Country 25   | Country                            | Florida Statutes Yes No                      |   |   |  |              |                          |                             |  |
| 9. Name and Address of Current Registered Agent  |  |                                    |  |   | 10. Name and Address of New Registered Agent  81 Name |  |              |                          |                             |  |
| 1318 SW COTTONWOOD COVE<br>PORT ST. LUCIE FL 33480   |  |                                    |  | Name  |   |  |              |                          |                             |  |
|  |  |                                    |  | 82 Street Address (P.O. Box Number is Not Acceptable) |   |  |              |                          |                             |  |
|  |  |                                    |  | 83  |   |  |              |                          |                             |  |
|  |  |                                    |  | 63  |   |  |              |                          |                             |  |
|  |  |                                    |  | City  |   | · · · · · · · · · · · · · · · · · · ·  | FL           | 85 Zip (                 | Code                        |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab   |  |                                    |  |   | roaration cubmite th                                  | ole statement for the                  |              | obenning it              | e registered                |  |
| office or re   | egistered agent, or both, in the State of                                      | l Florida. Such change was aut     | horized by                                   | y the corpora   | ation's board of dire                                 | ectors. I hereby acce                  | pt the app   | ointment as              | registered                  |  |
| agent. Lar   | m familiar with, and accept the obligati                                       | ons of, Section 607.0505, Florid   | ia Statute:                                  | ŝ.  |   |  |              |                          |                             |  |
| SIGNATURE Signature, typed or priction name of registered agent and title if approaable. (NOTE Registered Agent signature required when reinstating)  DATE |  |                                    |  |   |   |  |              |                          |                             |  |
| 12.  | OFFICERS AND DIRECTORS _ 13.   |                                    |  |   |   | CHANGES TO OFFI                        |              | DIRECTOR                 | S IN 12                     |  |
| TDF [  | D  | DELETE                             | 1.1 TITLE                                    |   | Ь   |  |              | Change                   | Audition                    |  |
| NAME   | ROBELLI, JAMES P   |                                    | 12 NAME                                      | 3   | DONNA 1   | E. MURRAY                              | 1            |                          |                             |  |
| STREET ADDRESS   | 115 QUEEN CATHERINA COURT 131  |                                    |  | ADDRESS   | 1218 SW   | E. MURRAY<br>Cotton wood<br>UCIE, FL   | rol C        | ove                      | ] }                         |  |
| C4 r - S1- 2#  | HUTCHINSON ISLAND FL 34949   |                                    |  | ST-ZIP  | Port ST L   | ICLE, FL                               | 349          | 86                       |                             |  |
| 1016   | D  | ☐ DELETE                           | 21 TITLE                                     |   |   | 100                                    |              | Change                   | Addition C                  |  |
| NAME   | MURRAY, GARTH  |                                    | 2.2 NAME                                     |   |   |  |              |                          | ļ                           |  |
| \$JEEF LADORESS  |  |                                    |  | ADDRESS   |   |  |              |                          |                             |  |
| City-St-2iF  | FORT PIERCE FL 34950   |                                    | 2. 4 CITY -                                  | ST-ZIP  |   |  |              |                          |                             |  |
| TOLE   | DELETE 3.11  |                                    | 3.1 TITLE                                    |   |   |  |              | Change                   | Addition                    |  |
| NAME   |  |                                    | 3.2 NAME                                     |   |   |  |              |                          |                             |  |
| STREE" ACURESS   |  |                                    | 3.3 STREET                                   | ADDRESS   |   |  |              |                          |                             |  |
| C:TY-ST-ZiP  |  |                                    | 3.4. CITY-                                   | ST-ZIP  |   |  |              |                          |                             |  |
| TITLE  | ☐ DELETE 4.1   |                                    | 4.1 TITLE                                    |   |   |  |              | Change                   | Addition                    |  |
| MAM:   |  |                                    | 4. 2 NAME                                    |   |   |  |              |                          |                             |  |
| STREET ADDRESS   |  |                                    | 4.3 STREET                                   | ADDRESS   |   |  |              |                          | ļ                           |  |
| C-TY - ST - ZIP  |  |                                    | 4.4 CITY - S                                 | -T-ZIP  |   |  |              |                          |                             |  |
| THE  |  |                                    | 5.1 TITLE                                    |   |   |  |              | Change                   | Addition                    |  |
| NAV:   |  |                                    | 5.2 NAME                                     | -   |   |  |              |                          | İ                           |  |
| STREET ADDRESS   |  |                                    | 5.3 STREET                                   |   |   |  |              |                          | -                           |  |
| CO Y - 51 - 71P  |  |                                    |  | ST-ZIP  |   | ······································ | ******       | Channe                   | Addition                    |  |
| THE  |  |                                    | 6.1 TITLE                                    |   |   |  |              | Change                   | Addition                    |  |
| NAMÉ   |  |                                    | 6.2 NAME                                     |   |   |  |              |                          |                             |  |
| STREET ADDRESS   |  |                                    | 6.3 STREET                                   |   |   |  |              |                          |                             |  |
| CHTY - S1 - Z61  | and for that the information as a find   | with this fit on door not mustiful | 6.4 C/TY-S                                   | IT-ZIP  | nd in Castion 110.0                                   | 7/2)/i) Florido Ctotuto                | as I further | contifu that             | the                         |  |
| informatio   | by certify that the information supplied indicated on this annual report or su | pplemental annual report is true   | and acci                                     | urate and the   | at my signature sha                                   | il have the same leg                   | ai effect as | if made und              | der oath; that              |  |