

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

FILED

**May 04 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000081934 (8)
1. Corporation Name
RAJEN SEAS CORP.



Principal Place of Business
**2100 NEBRASKA AVE
STE 202
FT PIERCE FL 34950
US**

Mailing Address
**2100 NEBRASKA AVE
STE 202
FT PIERCE FL 34950
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country

3. Date Incorporated or Qualified
10/19/1995

4. FEI Number
59-3346732

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**DONNA E. MURRAY
1318 SW COTTONWOOD COVE
PORT ST. LUCIE FL 33480**

10. Name and Address of New Registered Agent
81 Name **GARTH M. MURRAY**
82 Street Address (P.O. Box Number is Not Acceptable)
2100 Nebraska Ave STE 202
84 City **FORT PIERCE** FL 85 Zip Code **34950**

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 *[Signature]* **GARTH M. MURRAY** 4/21/98

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	MURRAY, DONNA E
STREET ADDRESS	1318 SW COTTONWOOD COVE
CITY-ST-ZIP	PORT ST LUCIE FL
TITLE	<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	Dir
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

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Director James Robelli
1.3 STREET ADDRESS	4812 Tannery Ave
1.4 CITY-ST-ZIP	Tampa, FL 33624
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *[Signature]* **GARTH MURRAY** Dir 4/21/98 561-460-844

CR2E034 (10/97)