## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000014192 (4)

SEA VENTURES OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

## FILED Jul 29 1997 8:00am Secretary of State



109 PARK LANE EAST HYPOLUXO FL 33462		109 PARK LANE EAST HYPOLUXO FL 33462		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 02/15/1996	3a. Date of Last Report
	lace of Business	2a. Mailing Address	684	4. FEI Number 65-0644713	Applied For
21 KCY Sulte, Abt.	Largo-184 Bahama Av	Suite, Apt. #, etc.	00.	03-0077773	Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat		City & State 28 Key Largo	, FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zio 330	37 25 U.S.A.	29 3303 7 3	Country U.S.A		30. Yes No
	9. Name and Address of Current f	legistered Agent	241	10. Name and Address of New Reg	lstered Agent
	ORGAN, GEE G		81 Name	Kerry Ann Mead	(
	9 PARK LANE EAST POLUXO FL 33482		82 Street A 83	Address (P.O. Box Number is Not Acceptable 1996)	e)
* 1			84 Ke.	I harao	FL 85 Zip Code 37
11. Pursuant	to the provisions of Sections 607,0502 a	and 607.1508, Florida Statutes	the above-named	orporation submits this statement for the pr	prpose of changing its registered
agent. I a	im familiar with, and accept the obligation	ons of, Section 507.0505, Flori	da statutes.	oration's board of directors. I hereby accep	tine appointment as registered
SIGNATURE	Auf S. Ille	acli.	748.01em		20.97
12.	Signifiure, type of printed name of registered agent a OFFICERS AND I		Registered Agent signature of 13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	GeeGee Morgan 1	TAX SECTION	1.1 TITLE	CEO/President	Change Addition
NAME	109 Park Lone 50	i i	1.2 NAME	Kerry A. Meade	
STREET ADDRESS			1.3 STREET ADDRESS	184 Bahama Aus.	
CITY - ST - ZIP	Hypoluxo, FL.33		1.4 CITY - ST - ZIP	Key Largo, FL. 33037	
TITLE	·	☐ DELETE	2.1 TITLE	Vice President	Change Addition
NAME			2.2 NAME	Frank Meade	
STREET ADDRESS			2.3 STREET ADDRESS	184 Bohama Aug.	_
CITY-ST-ZIP			2. 4 CITY-S1-ZIP	Key hargo, Fh.3303	
TITLE		☐ DELETE	3.1 1ITLE	Treasurer	Change Addition
NAME				Kerry A. meade	
STREET ADDRESS			<b>3</b> 1	184 Bahama Auc.	
CITY-ST-ZIP		FIDELETE	3.4 CITY-ST-ZIP	Key hargo , FL. 33037	
TITLE		☐ DELETE	4.1 TITLE	Secretary	Change Addition
NAME				Gee Gee Morgan	
STREET ADORESS				109 Park Lane Rast	2
CITY-ST-ZIP TITLE		DELETÉ	4.4 CITY-ST-ZIP 5.1 TITLE	Hypoluxo, FL. 3346	Change Addition
NAME		C Descrip	5.2 NAME		El Suerigo El Madition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME	•-	<del></del>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		\
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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 Blook 12 or Block 13 if changed, or on an attachment with an address.