Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90148 014 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600031621

SEA SPI	RIT TREASURES, INC.						
Principal Place	e of Business	Mailing Address			. 1981 AND 1110 AND 1		
•		555 CARIBBEAN DRIVE E					
555 CARIBBEAN DRIVE E SUMMERLAND KEY FL 33042 SUMMERLAND KEY FL 33042 SUMMERLAND KEY FL 33042					`		
US US					DO NOT WRITE IN THIS SPACE	_	
					3. Date Incorporated or Qualifed		
					04/08/1996		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For	4	
21		26			65-0709801 Not Applicable	•	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	\$8.75 Additional Fee Required □		
22 City & State		City & State				-	
City & State	e e	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	١	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible		
24	25	29 30	1 .		Personal Property Tax. Yes No		
	9. Name and Address of Curren				10. Name and Address of New Registered Agent		
			81	Name			
WILLSEY, JIM L CAPT. 555 CARIBBEAN DRIVE EAST SUMMERLAND KEY FL 33042		82	Street A	Address (P.O. Box Number is Not Acceptable)	-		
			*-	0.,000,7	et Address (1.0. Box Hamber to Hot Address)		
		83			-]		
	•		84	City	85 Zip Code	┪	
	•				FL		
office or re	egistered agent, or both, in the State	of Florida. Such change was autho	ine above orized by	the corpor	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	1	
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florida	Statutes	•			
agent. I a	m familiar with, and accept the obligations of the obligation of t	nt and title if applicable. (NOTE: Reg	Statutes	•	equired when reinstating) DATE		
agent. I al SiGNATURE	m familiar with, and accept the obligation of registered ages OFFICERS AN	nt and title if applicable. (NOTE: Reg ND DIRECTORS	Statutes pistered Agen	•		on	
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CITY-ST-ZIP 14. 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

The transfer of the same

STREET ADDRESS

URALENDUIRED