

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED

1997 JUN 11 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000037678 (5)

1. Corporation Name  
GRAND SEAS A, INC.



Principal Place of Business

21 RIVER RIDGE TRAIL  
ORMOND BEACH FL 32174

Mailing Address

21 RIVER RIDGE TRAIL  
ORMOND BEACH FL 32174-4341

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 PO BOX 265174 Suite, Apt. #, etc.

27 City & State

28 DAYTONA BEACH FL Zip Country

3. Date Incorporated or Qualified

04/24/1996

3a. Date of Last Report

4. FEI Number

59-3389340

Applied For  
Not Applicable

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

REINMAN, JAMES L  
1825 S RIVERVIEW DR  
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME REINMAN, JAMES L  
STREET ADDRESS 1825 S RIVERVIEW DR  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE DP  
NAME KANDEL, MARTIN M.  
STREET ADDRESS 21 RIVER RIDGE TRAIL  
CITY-ST-ZIP ORMOND BEACH, FL.

TITLE DUP  
NAME COLTELLI, LARRY  
STREET ADDRESS 18 TALAMON BLVD.  
CITY-ST-ZIP ORMOND BEACH, FL.

TITLE DS  
NAME SCHLOSSBERG, STEVE  
STREET ADDRESS 9 WATERBURY CIRCLE  
CITY-ST-ZIP ORMOND BEACH, FL.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

6/10/97 (904) 257-3036

CR2E034 (9/96)