

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

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000046045 (6)

1. Corporation Name

SEA PEEPERS OF THE PALM BEACHES INC

Principal Place of Business

4339 COCONUT RD  
WEST PALM BEACH FL 33406

Mailing Address

4339 COCONUT RD  
WEST PALM BEACH FL 33406-4822



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/23/1996	3a. Date of Last Report 5-1-96
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 6600000000	Applied For <input checked="" type="checkbox"/> Not Applicable
22 City & State	28	29 City & State	31	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

COSTA, MELODY  
4339 COCONUT RD  
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.1 NAME
NAME	STREET ADDRESS	1.2 NAME	1.2 STREET ADDRESS
CITY-ST-ZIP		1.3 CITY-ST-ZIP	1.3 CITY-ST-ZIP
TITLE	NAME	2.1 TITLE	2.1 NAME
NAME	STREET ADDRESS	2.2 NAME	2.2 STREET ADDRESS
CITY-ST-ZIP		2.3 CITY-ST-ZIP	2.3 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.1 NAME
NAME	STREET ADDRESS	3.2 NAME	3.2 STREET ADDRESS
CITY-ST-ZIP		3.3 CITY-ST-ZIP	3.3 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.1 NAME
NAME	STREET ADDRESS	4.2 NAME	4.2 STREET ADDRESS
CITY-ST-ZIP		4.3 CITY-ST-ZIP	4.3 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.1 NAME
NAME	STREET ADDRESS	5.2 NAME	5.2 STREET ADDRESS
CITY-ST-ZIP		5.3 CITY-ST-ZIP	5.3 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.1 NAME
NAME	STREET ADDRESS	6.2 NAME	6.2 STREET ADDRESS
CITY-ST-ZIP		6.3 CITY-ST-ZIP	6.3 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:

Melody A. Costa 4-20-97 3-1-96-2071

CR2E034 (9/96)