FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000059633 (3)**

1. Corporation Name
SEACRIS ENTERPRISE, INC.

Principal Place of Business	Mailing Address
1699 NORTHEAST 3 AVENUE. UNIT 505 FORT LAUDERDALE FL 33305	1699. NORTHEAST 3 AVENUE. UNIT 505 FORT LAUDERDALE FL 33305

3. Date Incorporated or Qualified: 07/16/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 111 NW 2nd Street	26 1699 NE 3rd Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 505
23 City & State: Ft. Lauderdale, FL.	28 City & State: Ft. Lauderdale, FL.
24 Zip: 33305 25 Country: USA	29 Zip: 33305 30 Country: USA

4. FEI Number: 65-0707536 ☐ 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	10. Name and Address of New Registered Agent
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	81 Name: SEAN. MCFARLANE 82 Street Address (P.O. Box Number is Not Acceptable): 111 N.W. 2nd Street 83 84 City: Ft. Lauderdale FL 85 Zip Code: 33305

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] President 4/14/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD MCFARLANE, SEAN / Pres. 1699 NORTHEAST 3 AVENUE, UNIT 505 FORT LAUDERDALE FL 33305	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	McFarlane, SEAN / Pres. 111 NW 2nd St Ft. Lauderdale, FL. 33305	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD MCFARLANE, CHRIS J / Vice Pres. 1699 NORTHEAST 3 AVENUE, UNIT 505 FORT LAUDERDALE FL 33305	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	McFarlane, Chris J / Vice Pres. 111 NW 2nd St Ft. Lauderdale, FL. 33305	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Catherine Malcolm / Sec. 111 N.W. 2nd St Ft. Lauderdale, FL. 33305	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Desmond Malcolm / Treas. 111 NW 2nd St. Ft. Lauderdale, FL. 33305	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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] 1/8/97 954-967-6283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0520783