

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000059633 (3)**

1. Corporation Name
SEACRIS ENTERPRISE, INC.

Principal Place of Business 111 NW 2ND ST FORT LAUDERDALE FL 33305 US	Mailing Address 16999 NORTHEAST 3 AVENUE, UNIT 505 FORT LAUDERDALE FL 33305 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/16/1996	
25		30		4. FEI Number 65-0707536	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent McFARLANE, SEAN 111 NW 2ND ST FT LAUDERDALE FL 33305				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	P			1.1 TITLE			
NAME	McFARLANE, SEAN			1.2 NAME			
STREET ADDRESS	111 NW 2ND ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL			1.4 CITY-ST-ZIP			
TITLE	VP			2.1 TITLE			
NAME	McFARLANE, CHRIS J			2.2 NAME			
STREET ADDRESS	111 NW 2ND ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL			2.4 CITY-ST-ZIP			
TITLE	S			3.1 TITLE			
NAME	MALCOLM, CATHERINE			3.2 NAME			
STREET ADDRESS	111 NW 2ND ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			3.4 CITY-ST-ZIP			
TITLE	T			4.1 TITLE			
NAME	MALCOLM, DESMOND			4.2 NAME			
STREET ADDRESS	111 NW 2ND ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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: *Seal of the State of Florida* **SEAN McFARLANE** **PRESIDENT** **954 216 5470**

CR2E034 (10/97)