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

PROFIT

Feb 10 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P96000090941 (1) DOCUMENT # SEA CAYMAN, INC. Principal Place of Business Mailing Address 7910 WEST DRIVE. UNIT 212 1140 KANE CONCOURSE MORTH BAY VILLAGE FL 33141 FIFTH FLOOR **BAY HARBOR ISLANDS FL 33154** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/05/1996 2. Principal Place of Business
11 CORAL AVENUE 2a. Mailing Address 4. FEI Number Applied For 65-0707169 Not Applicable Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be TAVERNIER Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the cultural year Intangible Personal Property Tax due June 30. Country □ Ño Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name ROBERT H. SILVERS 1140 KANE CONCOURSE FIFTH FLOOR Street Address (P.O. Box Number is Not Acceptable) 82 **BAY HARBOR ISLANDS FL 33154** 83 84 City 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 Slockdore, fytherfor preced mack of teachtered and flatnithe diagnostable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIFFECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSTD DELETE Change TITLE 1.1 TITLE LECLAIR, JOSEPH A 1.2 NAME 7010 WEST DRIVE, UNIT 212 III CORAL AVENUE STREET ADDRESS 1.3 STREET ADDRESS -NORTH BAY VILLAGE FL 3314T TAVERNIER, FL 33070 14 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 21 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP Addition DELETE 4.1 TITLE Change 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETÉ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6 1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 suppliemental 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 of in an attachment with an address.

FILED