

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

DOCUMENT # P96000093561 (4)

1. Corporation Name

SEALAH CHARTERS, INC.

Principal Place of Business

205 EAST CENTRAL BLVD. #304
ORLANDO FL 32801

Mailing Address

205 EAST CENTRAL BLVD. #304
ORLANDO FL 32801-1986

3. Date Incorporated or Qualified

11/12/1986

3a. Date of Last Report

2. Principal Place of Business

21 7025 S TROPICAL TRAIL

2a. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

AS # 2

22 City & State

23 MERRITT ISLAND, FL

27 City & State

FL

24 Zip

32952

Country

USA

29 Zip

30 Country

30

4. FEI Number

59-3421492

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

NISI, FRANK P JR
205 EAST CENTRAL BLVD. #304
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

MICHAEL K CLIFFORD

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

7025 S TROPICAL TRAIL

83

84 City

MERRITT ISLAND

FL

85 Zip Code

32952

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

✓ mke

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D
CLIFFORD, MICHAEL K
7025 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL

DELETE

TITLE

D
CLIFFORD, LINDSEY J
7025 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL

DELETE

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

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: ✓ mke SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 455 1511

FILED
May 27 1997 8:00am
Secretary of State



CR2E034 (9/96)