

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000096436

1. Corporation Name  
SEA QUEST INTERNATIONAL, INC.

Principal Place of Business  
1600 S.E. 17TH STREET  
SUITE 404  
FORT LAUDERDALE FL 33316

Mailing Address  
17455 SW 157TH AVENUE  
MIAMI FL 33187

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

9. Name and Address of Current Registered Agent

HAYES, WARREN D SR  
321 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480

81 Name

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

83

84 City

FL 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 |   |
|----------------------------|----------------------|---|---|
| TITLE                      | D                    | <input type="checkbox"/> DELETE                       | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LOVELL, WARREN W III |   | 1.2 NAME  |
| STREET ADDRESS             | 17455 SW 157TH AVE   |   | 1.3 STREET ADDRESS  |
| CITY-ST-ZIP                | MIAMI FL 33187       |   | 1.4 CITY-ST-ZIP   |
| TITLE                      |                      | <input type="checkbox"/> DELETE                       | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      |   | 2.2 NAME  |
| STREET ADDRESS             |                      |   | 2.3 STREET ADDRESS  |
| CITY-ST-ZIP                |                      |   | 2.4 CITY-ST-ZIP   |
| TITLE                      |                      | <input type="checkbox"/> DELETE                       | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      |   | 3.2 NAME  |
| STREET ADDRESS             |                      |   | 3.3 STREET ADDRESS  |
| CITY-ST-ZIP                |                      |   | 3.4 CITY-ST-ZIP   |
| TITLE                      |                      | <input type="checkbox"/> DELETE                       | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      |   | 4.2 NAME  |
| STREET ADDRESS             |                      |   | 4.3 STREET ADDRESS  |
| CITY-ST-ZIP                |                      |   | 4.4 CITY-ST-ZIP   |
| TITLE                      |                      | <input type="checkbox"/> DELETE                       | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      |   | 5.2 NAME  |
| STREET ADDRESS             |                      |   | 5.3 STREET ADDRESS  |
| CITY-ST-ZIP                |                      |   | 5.4 CITY-ST-ZIP   |
| TITLE                      |                      | <input type="checkbox"/> DELETE                       | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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, with all other like empowered.

SIGNATURE: *WARREN D LOVELL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90178 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1996

4. FEI Number

65-0712493

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.  Yes  No

10. Name and Address of New Registered Agent

CR2E034 (11/98)

4/27/99 305-235-7683  
Date Daytime Phone #