

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

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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90155 029 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000015813

1. Corporation Name

SEASIDE COMMUNICATIONS, INC.



Principal Place of Business
4316 SW LUDLUM STREET
PALM CITY FL 34990

Mailing Address
4316 SW LUDLUM STREET
PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6855 SW Woodbine Way Suite, Apt. #, etc. 22		2a. Mailing Address 26 6855 SW Woodbine Way Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 02/15/1997	
23 Palm City, FL Zip 24 34990 Country 25 USA		28 Palm City FL Zip 29 34990 Country 30 USA		4. FEI Number NOT APPLICABLE Applied For Not Applicable	
9. Name and Address of Current Registered Agent CROUCH, SUZANE J 4316 SW LUDLUM STREET PALM CITY FL 34990		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 6855 SW Woodbine Way 84 City Palm City FL 85 Zip Code 34990		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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 Suzanne J. Crouch (NOTE: Registered Agent signature required when reinstating) DATE 4/23/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD CROUCH, SUZANNE J 4316 SW LUDLUM STREET PALM CITY FL 34990	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6855 SW Woodbine Way Palm City, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROUCH, JOHN C 4316 SW LUDLUM STREET PALM CITY FL 34990	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6855 SW Woodbine Way Palm City, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Suzanne J. Crouch DATE 4/23/99 DAYTIME PHONE # 561-287-3588

CR2E034 (11/98)