

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000028976 (3)

1. Corporation Name

SEABIRD VENTURES, INC.



Principal Place of Business

Mailing Address

4085 LITTLE CYPRESS KEY
ATLANTIC BEACH FL 32233

1005 LITTLE CYPRESS KEY
ATLANTIC BEACH FL 32233

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	110 AIA NORTH	26	110 AIA NORTH
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	Ponte Vedra Beach, FL	27	Ponte Vedra Beach, FL
City & State		City & State	
23	32082	28	USA
Zip		Country	
24	32082	29	USA
Zip		Country	

3. Date Incorporated or Qualified	
03/31/1997	
4. FEI Number	Applied For
59-3443026	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CRABTREE, R R 8375 DIX ELLIS TRAIL SUITE 401 JACKSONVILLE FL 32256				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUTTON, ROGER			1.2 NAME			
STREET ADDRESS	1005 LITTLE CYPRESS KEY			1.3 STREET ADDRESS	110 AIA NORTH		
CITY-ST-ZIP	ATLANTIC BEACH FL 32233			1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUTTON, AGNES			2.2 NAME			
STREET ADDRESS	4085 LITTLE CYPRESS KEY			2.3 STREET ADDRESS	110 AIA NORTH		
CITY-ST-ZIP	ATLANTIC BEACH FL 32233			2.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082		
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.

SIGNATURE _____

CR2E034 (1097)