

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000030513 (0)
 1. Corporation Name
SEAS N' CAYS, INC.



Principal Place of Business 9515 BAY VISTA ESTATES BLVD ORLANDO FL 32836	Mailing Address 9515 BAY VISTA ESTATES BLVD ORLANDO FL 32836
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/03/1997	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number APPLIED FOR	Applied For Not Applicable
23. Zip	25. Country	29. Zip	30. Country	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 or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent WHITEHURST, JULIAN E 215 N EOLA DR ORLANDO FL 32801				10. Name and Address of New Registered Agent		
				81. Name DOUGLAS DANNEN		
				82. Street Address (P.O. Box Number is Not Acceptable) 9515 BAY VISTA ESTATES BLVD		
				84. City ORLANDO	85. Zip Code FL 32836	

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: *Douglas Dannen* **Douglas Dannen** **4/25/98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D + P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUNNELS, TOM	1.2 NAME	TOM RUNNELS
STREET ADDRESS	9515 BAY VISTA ESTATES BLVD	1.3 STREET ADDRESS	9331 BANYAN BLVD
CITY-ST-ZIP	ORLANDO FL 32836	1.4 CITY-ST-ZIP	ORLANDO FL 32819
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D + V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, RUSS	2.2 NAME	RUSS SANDERS
STREET ADDRESS	9515 BAY VISTA ESTATES BLVD	2.3 STREET ADDRESS	1215 S.W. 80th ST.
CITY-ST-ZIP	ORLANDO FL 32836	2.4 CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S + D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	DOUGLAS DANNEN
STREET ADDRESS		3.3 STREET ADDRESS	9515 BAY VISTA ESTATES BLVD.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ORLANDO FL 32836
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	300002514653
STREET ADDRESS		6.3 STREET ADDRESS	-05/07/98--01010--015
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

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, as changed, or on an attachment with an address.

SIGNATURE: *Douglas Dannen* **3/20/98 (407) 352-4775**

CR2E034 (10/97)