

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90027 043 \*\*\*150.00

|                                                                  |                                                                                   |                                                                                                                               |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

**DOCUMENT # P97000062195**

1. Corporation Name

**SEA KING MARE, INC.**

561151 - 90081 - 18



|                                                                                      |                                                                          |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Principal Place of Business<br>1111 W. NEWPORT CENTER DR<br>DEERFIELD BEACH FL 33442 | Mailing Address<br>1111 W. NEWPORT CENTER DR<br>DEERFIELD BEACH FL 33442 |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                  |  |                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business<br>21 18751 SE Crosswind<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                 |  | 2a. Mailing Address<br>26 18751 SE Crosswind<br>Suite, Apt. #, etc.                                                                              |  | 3. Date Incorporated or Qualified<br>07/17/1997                                                                |  |
| 22 City & State<br>23 Jupiter FL                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 27 City & State<br>28 Jupiter FL                                                                                                                 |  | 4. FEI Number<br>65-0772614                                                                                    |  |
| 24 33478 Country<br>25 Palm Beach                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 29 33478 Country<br>30 Palm Beach                                                                                                                |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                       |  |
| 9. Name and Address of Current Registered Agent<br>HORNSTEIN, MICHAEL B<br>1111 W. NEWPORT CENTER DR<br>DEERFIELD BEACH FL 33442                                                                                                                                                                                                                                                                                                                               |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 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. |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  | 7. Date<br>3/9/99                                                                                              |  |

| 12. OFFICERS AND DIRECTORS |                                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|-----------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | PSTD <input type="checkbox"/> DELETE          | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | SCHWEMBERGER-SWAROVSKI, CHRISTIAN             | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 1111 W. NEWPORT CENTER DR                     | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | DEERFIELD BEACH FL 33442                      | 1.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      | AS <input checked="" type="checkbox"/> DELETE | 2.1 TITLE                                             |                                                                              |
| NAME                       | HORNSTEIN, MICHAEL B                          | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 1111 W. NEWPORT CENTER DR                     | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | DEERFIELD BEACH FL 33442                      | 2.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      | GUENTER ROSCH <input type="checkbox"/> DELETE | 3.1 TITLE                                             | Vice Pres. <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 18751 SE Crosswind                            | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             | Jupiter FL 33478                              | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                               | 3.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      | <input type="checkbox"/> DELETE               | 4.1 TITLE                                             |                                                                              |
| NAME                       |                                               | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                               | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                               | 4.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      | <input type="checkbox"/> DELETE               | 5.1 TITLE                                             |                                                                              |
| NAME                       |                                               | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                               | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                               | 5.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      | <input type="checkbox"/> DELETE               | 6.1 TITLE                                             |                                                                              |
| NAME                       |                                               | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                               | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                               | 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)