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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000080686 (3)

SIGNATURE: TONY TAGGERS

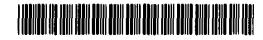
SEAWAY VIDEO, INC.

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Principal Place of Business	Mailing Address	
1007 SEAWAY DRIVE FT PIERCE FL 34949	1007 SEAWAY DRIVE FT PIERCE FL 34949	
	71 (G. 12 0 10 1	

FILED Feb 19 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

				09/17/1997			
Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For			
21		26		65-0784610	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State			6. Election Campaign Financing	\$5.00 May Be			
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible		
24	25	29	30	Personal Property Tax due June 30.	Yes No		
g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
	ACK, CHRISTOPHER D		81 Name	TAGGERS TANY			
100							
FT PIERCE FL 34949 Street Address (P.O. Box Number is Not Acceptable) 1523 S. OCERN DR.							
			83				
*			84 City	T. Pierce FI	85 Zip Code 24949		
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above-named co	progration submits this statement for the purpose	of changing its registered		
agent. La	egistered agent, or both, in the state t m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	autriorized by the corpor orida Statutes.	ration's board of directors. I hereby accept the ap	pointment as registered		
SIGNATURE	Signature, typog or printed nagogal registered agent	TONY JAGO	6 E R B E: Registered Agent signature req		5		
		and title if applicable (NOT			E		
12. TITLE	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change Addition Change Addition		
NAME	TISACK, CHRISTOPHER D	Jan Steet					
ſ	1643 THUMBPOINT DR		1.2 NAME		88		
STREET ADDRESS	FT PIERCE FL 34949		1.3 STREET ADDRESS		Ä.		
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition		
NAME	JAGGERS, TONY		2.2 NAME		En cutaille En Modition		
STREET ADDRESS	1523 S. OCEAN DR.		2.3 STREET ADDRESS	6			
CITY-ST-ZIP	FT PIERCE FL 34949		2. 4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY - ST - ZIP		l		
TrTLE		☐ DEL E TE	4.1 TITLE		Change Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		······································	4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME			5.2 NAME		}		
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DEL ETE	6.1 TITLE		☐ Change ☐ Addition		
NAME			6.2 NAME		[
STREET ADDRESS			6.3 STREET ADORESS				
CITY-ST-ZIP	and the three information and the state of the	this filling days and might for	6.4 CITY-ST-ZIP	Cooling 440 07/23/63 Florida Contract 14 15			
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.							