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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9
1. Corporation Name
SEASCAPE FINANCE INC. P97000090657 (2)

FILED May 01 1998 8:00am Secretary of State



District Di	75							H I BONADON I (18 KONA) MODIN	OOM BOM BOM O	ENA IDEN BUND			
	ce of Business		Mailing Addre										
4104 SMOKEY PINES COURT 4104 SMOKEY PINES COURT FT. PIERGE FL 34951 FT. PIERGE FL 34951													
T. Trichiec re-propri								DO NOT WRITE IN THIS SPACE					
1								. Date Incorporated or	Qualified			 	
								10/22/1997					
2. Principal F	Place of Business		2a. Mailing Ad	dress	_		4	. FEI Number			A	pplied For	
21 120	11 19th	place	26 1	Ø, '₹	OX	660	7	65-0788	817		N	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27							`	. Certificate of Status D	esired			Additional equired	
City & State City & State							Election Campaign Financing \$5.00 May Be					May Be	
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24 -	26	dress of Current I	70 329	<u>61</u>	ياندا 30	dian Ki	1/41	Personal Property Tax				No	
		~~				R1 Nama). Name and Address	ot New Hegis	tered Agen			
VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE SUITE 500E 82 Street Address													
							Address	P.O. Box Number is No	t Acceptable)				
WEST PALM BEACH FL 33401						83			····				
						03							
					1	B4 City				E 85	Zip	Code	
44 Dureuant	to the provisions of S	Sections 607 0602	and 607 1609 Etc	rido Statulo	n the ob	Oue named	d corporati	on submits this stateme	nt for the num	FL 3		to ropintored	
l office or i	registered agent or b	noth, in the State of	Florida, Such ch.	ia zaw onna	thorized	by the corn	poration's	board of directors. The	nt for the purp reby accept th	ose of char le appointm	nging ii ient as	registered	
agent. La	am familiar with, and a	accept the obligation	ons of, Section 60	7.0505, Flor	ida Statu	iles.						_	
SIGNATURE	Signature, typed or printed r	name of regulators are d	and the if nord cable	/NOTE	Pagistared	Agent signature i	o coo signed sub-	or rejectation		DATE			
12.	Signature, types or printer	OFFICERS AND (<u></u>	(MC) I	13.	Agent signature	е твирлео wn	ADDITIONS/CHANGES			ECTOR	3S IN 12	
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NAME					6.2 NAM	AE							
STREET ADDRESS					6.3 STR	EET ADDRESS							
CITY-ST-ZIP					6.4 CITY	r-ST-ZIP							
14. I hereby	certify that the informa	ation supplied with	this filing does no	ot qualify for	the exen	nption stated	ed in Sect	on 119.07(3)(i), Florida	Statutes. I furti	ner certify t	nat the	information	