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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000099714 (2)

Country

SEA CORP. OF TAMPA, INC.

5301 W. CYPRESS. SUITE 307	5301 W. CYPRESS, SUITE 307	
Principal Place of Business	Mailing Address	

2a. Mailing Address

City & State

Zip

27

28

Suite, Apt. #, etc.

FILED Apr 03 1998 8:00am Secretary of State



30 24 25 28 9. Name and Address of Current Registered Agent 81 Name MURRAY, RAYMOND E 5301 W. CYPRESS, SUITE 307 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33607** 83 Zip Code 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) Signature, typod or printed risms of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE D 1.1 TITLE TITLE NAME MURRAY, RAYMOND E 1.2 NAME 5301 W. CYPRESS, SUITE 307 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33607 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 21 TITLE TIFLE SALING, GARY 22 NAME 5301 W. CYPRESS, SUITE 307 2.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33607** 2 4 CITY-ST-ZIP CITY - ST - ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CHTY-ST-ZIP DITY-ST-ZIP Change DELETE ■ Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 51 THE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE 61 THILE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP

Country

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.

C./ 2 2708 8/2-287