

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

APPROVED AND FILED

98 OCT 30 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P97000100034
1. Corporation Name
SEAVEST INC. of MISSOURI

Principal Place of Business
**1750 S. BRENTWOOD BLVD
STE. 853
ST. LOUIS MO 63144**

Mailing Address
**SEAVEST INC. of MISSOURI
ATTN ROBERT MAININI
1750 S. BRENTWOOD BLVD STE. 853
ST. LOUIS MO 63144**

DO NOT WRITE IN THIS SPACE

21	22	23	24	25	26	27	28	29	30	3. Date incorporated or Qualified 11/24/97	4. FEI Number 43-1797843	Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		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		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		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		5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 May be Added to Fees		
23		28		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		5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 May be Added to Fees		
24		29		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		5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 May be Added to Fees		

9. Name and Address of Current Registered Agent

**WESTON JUNG
1334 ROBERTS BAY LN
SARASOTA FL 34242**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip/Cont

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 607.0515, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '97	
TITLE PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ROBERT MAININI		1.2 NAME	
STREET ADDRESS 1750 S. BRENTWOOD BLVD STE. 853		1.3 STREET ADDRESS	400002678744--6
CITY, ST, ZIP ST. LOUIS MO 63144		1.4 CITY, ST, ZIP	-11/03/98-01031-023
TITLE V.P.	<input type="checkbox"/> DELETE	2.1 TITLE	***150.00 ***150.00
NAME PATRICIA MAININI		2.2 NAME	
STREET ADDRESS SAME		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	2.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.6 NAME	
STREET ADDRESS		2.7 STREET ADDRESS	
CITY, ST, ZIP		2.8 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	2.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.10 NAME	
STREET ADDRESS		2.11 STREET ADDRESS	
CITY, ST, ZIP		2.12 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	2.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.14 NAME	
STREET ADDRESS		2.15 STREET ADDRESS	
CITY, ST, ZIP		2.16 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	2.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.18 NAME	
STREET ADDRESS		2.19 STREET ADDRESS	
CITY, ST, ZIP		2.20 CITY, ST, ZIP	

14. I hereby certify that the information reported with this filing was not required by the exemption statute in Section 119.07(3)(b) Florida Statutes. I further certify that the information reported on this annual report is a true and accurate statement of the corporation's affairs 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, that I am a resident of this state, and that I am qualified to perform the duties as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing. I am familiar with and accept the obligations of Section 607.0515, Florida Statutes.

SIGNATURE: **ROBERT MAININI, PRESIDENT** 10/15/98 314 961-0014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATE SERVICES

October 15, 1998

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Gentlemen;

Enclosed you will find a completed Profit Corporation Annual Report along with a check in the amount of \$150.00. I had not received any correspondence from the division in regards to this filing and called. I learned that the form was either not mailed out or was lost in the mail. In either case I did not receive the Annual Report filing form. I asked that the division please wave the late filing fee in light of this occurrence.

Sincerely



Robert Mainiri
President Seavest Inc. of Missouri

314-961-0014