

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000012675

1. Corporation Name

SEACREST DEVELOPMENT, INC.

Principal Place of Business

307 OSCEOLA COURT
NICEVILLE FL 32578

Mailing Address

307 OSCEOLA COURT
NICEVILLE FL 32578

2. Principal Place of Business

21

2a. Mailing Address

26 40001 EMERALD COAST

Suite, Apt. #, etc.

27 PARKWAY

Suite, Apt. #, etc.

27

City & State

28 DESTIN, FL.

City & State

28

City & State

Zip

24

Zip

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

MATTHEWS, DANA C
607 HIGHWAY 98 EAST
DESTIN FL 32541

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	□ DELETE	1.1 TITLE	PRESIDENT	
NAME		1.2 NAME	EDWARD T. JOHNSON	
STREET ADDRESS		1.3 STREET ADDRESS	307 OSCEOLA COURT	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	NICEVILLE, FL 32578	
2.1 TITLE		2.2 NAME	□ Change	□ Addition
2.2 NAME		2.3 STREET ADDRESS		
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		
2.4 CITY-ST-ZIP		3.1 TITLE	□ Change	□ Addition
3.1 TITLE		3.2 NAME		
3.2 NAME		3.3 STREET ADDRESS		
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		
3.4 CITY-ST-ZIP		4.1 TITLE	□ Change	□ Addition
4.1 TITLE		4.2 NAME		
4.2 NAME		4.3 STREET ADDRESS		
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		
4.4 CITY-ST-ZIP		5.1 TITLE	□ Change	□ Addition
5.1 TITLE		5.2 NAME		
5.2 NAME		5.3 STREET ADDRESS		
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		
5.4 CITY-ST-ZIP		6.1 TITLE	□ Change	□ Addition
6.1 TITLE		6.2 NAME		
6.2 NAME		6.3 STREET ADDRESS		
6.3 STREET ADDRESS		6.4 CITY-ST-ZIP		
6.4 CITY-ST-ZIP				

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:

1/28/99 10:45 AM RECORDED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 850 654-7211
Daytime Phone #

CR2E034 (11/98)