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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000063766

Corporation Name

Principal Place of Business

STEPHEN R. SEATON DESIGNS, INC.

07/17/199 2. Principal Place of Business 2a. Mailing Address 4. FEI Number	DO NOT WRITE IN THIS SPACE rated or Qualifed
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	
The state of the s	Applied For
21 26	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of S	Status Desired
22 27	Lee Kedanea
City & State City & State 6. Election Cam	
23 Trust Fund Co	ontribution Added to Fees
	ion owes the current year Intangible
24 25 29 30 Personal Prop	
5. Name and Address of Current Registered Agent	ddress of New Registered Agent
81 Name	
SEATON, STEPHEN R 82 Street Address (P.O. Box Numb	er is Not Acceptable)
1650 S.E. 17TH STREET	
SUITE 310 83	
FORT LAUDERDALE FL 33316	85 Zip Code
	FL T
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	statement for the purpose of changing its registered is. I hereby accept the appointment as registered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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	HANGES TO OFFICERS AND DIRECTORS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90066 050 ***150.00