


FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90076 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS													
DOCUMENT # P98000086919															
1. Corporation Name SEMINARS AT SEA, INC. <i>By ROBERT ALAN KAST</i>															
Principal Place of Business 21875 CARTAGENA DRIVE BOCA RATON FL 33428		Mailing Address 21875 CARTAGENA DRIVE BOCA RATON FL 33428													
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country													
9. Name and Address of Current Registered Agent GABLE, MICHAEL P 4000 HOLLYWOOD BLVD. SUITE 735 SOUTH TOWER HOLLYWOOD FL 33021-6744		10. Name and Address of New Registered Agent 81 Name ROBERT ALAN KAST 82 Street Address (P.O. Box Number is Not Acceptable) 21875 CARTAGENA DR 83 84 City BOCA RATON FL 85 Zip Code 33428													
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, of 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 <i>[Signature]</i> DATE 04/14/99															
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>ALAN KAST, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>21875 CARTAGENA DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON FL 33428</td> <td></td> </tr> </table>				TITLE	D	<input type="checkbox"/> DELETE	NAME	ALAN KAST, ROBERT		STREET ADDRESS	21875 CARTAGENA DRIVE		CITY-ST-ZIP	BOCA RATON FL 33428	
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>FISHKIN, LAWRENCE</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>7000 S.W. 146 ST</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>MIAMI FL 33158</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				1.1 TITLE	FISHKIN, LAWRENCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME	7000 S.W. 146 ST		1.3 STREET ADDRESS	MIAMI FL 33158		1.4 CITY-ST-ZIP		
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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 lists empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT ALAN KAST

Date

Daytime Phone #

CR2E034 (11/98)