

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

FILED
Mar 01 1999 8:00 am
Secretary of State

DOCUMENT # **P98000100429**

1. Corporation Name
SEAVENTURES USA, INC.



Principal Place of Business
**60 DAN'S DRIVE
CRAWFORDVILLE FL 32327**

Mailing Address
**P O BOX 1420
CRAWFORDVILLE FL 32326**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1998	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3256203	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SHEPPARD, MILDRED 60 DAN'S DRIVE CRAWFORDVILLE FL 32327				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83. City				84. Zip Code	
				FL	

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)		DATE	
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1. TITLE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME		1.2 NAME			
3. STREET ADDRESS		1.3 STREET ADDRESS			
4. CITY-ST-ZIP		1.4 CITY-ST-ZIP			
5. TITLE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME		2.2 NAME			
7. STREET ADDRESS		2.3 STREET ADDRESS			
8. CITY-ST-ZIP		2.4 CITY-ST-ZIP			
9. TITLE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME		3.2 NAME			
11. STREET ADDRESS		3.3 STREET ADDRESS			
12. CITY-ST-ZIP		3.4 CITY-ST-ZIP			
13. TITLE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. NAME		4.2 NAME			
15. STREET ADDRESS		4.3 STREET ADDRESS			
16. CITY-ST-ZIP		4.4 CITY-ST-ZIP			
17. TITLE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
18. NAME		5.2 NAME			
19. STREET ADDRESS		5.3 STREET ADDRESS			
20. CITY-ST-ZIP		5.4 CITY-ST-ZIP			
21. TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
22. NAME		6.2 NAME			
23. STREET ADDRESS		6.3 STREET ADDRESS			
24. 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: **MILDRED SHEPPARD** 1/31/99 850-926-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)