

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S00535** (2)  
1. Corporation Name  
**THE NEW 3 SEAS, INC.**



Principal Place of Business  
**14985 S. TAMiami TRAIL  
FORT MYERS FL 33912**

Mailing Address  
**14985 S. TAMiami TRAIL  
FORT MYERS FL 33912**

3. Date Incorporated or Qualified  
**09/04/1990**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**65-0217737**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**KOUTNY, EILEEN G.  
14985 S. TAMiami TRAIL  
FORT MYERS FL 33912**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 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 *Eileen G. Koutny*

**04.03.96**

(NOTE: Registered Agent signature required when recording)

DATE

**12. OFFICERS AND DIRECTORS**

|                 |                          |                                 |
|-----------------|--------------------------|---------------------------------|
| TITLE           | <b>D</b>                 | <input type="checkbox"/> DELETE |
| NAME            | <b>KOUTNY, GLENN W.</b>  |                                 |
| STREET ADDRESS  | <b>6343 SCOTT LANE</b>   |                                 |
| CITY - ST - ZIP | <b>FORT MYERS FL</b>     |                                 |
| TITLE           | <b>D</b>                 | <input type="checkbox"/> DELETE |
| NAME            | <b>KOUTNY, EILEEN G.</b> |                                 |
| STREET ADDRESS  | <b>6343 SCOTT LANE</b>   |                                 |
| CITY - ST - ZIP | <b>FORT MYERS FL</b>     |                                 |
| TITLE           |                          | <input type="checkbox"/> DELETE |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |
| TITLE           |                          | <input type="checkbox"/> DELETE |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |
| TITLE           |                          | <input type="checkbox"/> DELETE |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |   |
|--------------------|---|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |   |
| 13 STREET ADDRESS  |   |
| 14 CITY - ST - ZIP |   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |   |
| 23 STREET ADDRESS  |   |
| 24 CITY - ST - ZIP |   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |   |
| 33 STREET ADDRESS  |   |
| 34 CITY - ST - ZIP |   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |   |
| 43 STREET ADDRESS  |   |
| 44 CITY - ST - ZIP |   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |   |
| 53 STREET ADDRESS  |   |
| 54 CITY - ST - ZIP |   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |   |
| 63 STREET ADDRESS  |   |
| 64 CITY - ST - ZIP |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Eileen G. Koutny*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04.03.96**

Date

**941-433-3395**

Business Phone #

CR2E034 (12/95)