

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

P630

FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33912-1865
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 09/04/1990	3a. Date of Last Report 04/09/1996
4. FEI Number 65-0217737		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent KOUTNY, EILEEN G. 14985 S. TAMiami TRAIL FORT MYERS FL 33912			
9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code					

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	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	KOUTNY, GLENN W. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOUTNY, GLENN W.	1.2 NAME	
STREET ADDRESS	6343 SCOTT LANE	1.3 STREET ADDRESS	18391 Fichters Creek Lane
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	Alva, FL 33920
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	KOUTNY, EILEEN G. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOUTNY, EILEEN G.	2.2 NAME	
STREET ADDRESS	6343 SCOTT LANE	2.3 STREET ADDRESS	18391 Fichters Creek Lane
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	Alva, FL 33920
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *Eileen G. Koutny V.P.* Jan 08, 1997 941-433-3395
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)