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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S66827

(4)

FILED Apr 28 1997 8:00am Secretary of State

SEA SPIRIT, INC.						
Principal Place of Business	Mailing Address			T I DOBANDER EIGE OANAU DINDA IDAND HABIN AURK	BIBIR BIBIL BIBIK BIBIR BIBIR BIBIR BIBIR	
1830 ROBIN HOOD AVE TITUSVILLE FL 32796 1127						
				3. Date incorporated or Qualified	3a. Date of Last Report	
				07/12/1991	08/06/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	26			59-3130148	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip	Cour	itry	8. This corporation has liability for i		
24 25 9. Name and Address of Current F	29 Registered Agent	30	<del></del>	Florida Statutes  10. Name and Address of New Red		
<del></del>	registered Figure		81 Name	10. 110110 110 Addibas of 1104 110	Aletolog Ağolit	
GREGORY, JACKLYN J. 1830 ROBIN HOOD AVE TITUSVILLE FL 32796		-	82 Street Add	Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84 City		85 Zip Code	
Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE	ind 607.1508, Florida Stat Florida. Such change was ons of, Section 607.0505, I	lutes, the ab s authorized Florida Statu	ove-named corp by the corpora utes.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered It the appointment as registered	
Signature lyped or printed name of registered about a	and title if applicable (N	OTE: Ron stored	Anost signature requi	ind when minetaina)		
Signature, typed or printed name of registered agent a  12. OFFICERS AND I		OTf: Rog stared	Agent signature requi	ired when reinstaing)  ADDITIONS/CHANGES TO OFFIC	DATE	
Signature, typed or printed name of registered agent a  12. OFFICERS AND I					DATE	
Signature: typed or printed name of registered agent a  12. OFFICERS AND [  17ITLE P	DIRECTORS	13.	ı E		DATE ERS AND DIRECTORS IN 12	
Signature: typed or printed name of registered agent a  12. OFFICERS AND [  TITLE P	DIRECTORS	13. 1.1 117 1.2 NAI	ı E		DATE ERS AND DIRECTORS IN 12	
Signature: typed or printed name of registered agent a  12. OFFICERS AND I  TITLE P  NAME GREGORY, WILLIAM J.	DIRECTORS	13. 1.1 UT 1.2 NAI 1.3 STE	LE ME		DATE ERS AND DIRECTORS IN 12	
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Signature: typed or printed name of registered agent a  12. OFFICERS AND I  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITUS VILLE FL  TITUS  THUS VILLE FL  TAME  STREET ADDRESS  STREET ADDRESS  1830 ROBIN HOOD AVENUE  STREET ADDRESS  1830 ROBIN HOOD AVENUE	DIRECTORS DELETE	13. 1.1 H/I 1.2 NAI 1.3 STE 1.4 CP 2.1 H/I 2.2 NAI	ME REE1 ADDRESS Y-S1-ZIP		DATE ERS AND DIRECTORS IN 12 Change Addition	
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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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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.

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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Change

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