FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 PM 12:55

DOCUMENT # V22889 (2)

1. Corporation Name
SIX SEAS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
6945 DENNIS CIRCLE I-101 NAPLES FL 33942 US	C/O KENNETH I SHEVIN 1400 GULF SHORE BLVD. #202 NAPLES FL 33940-4948 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 03/23/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0324142 ☐ Applied For ☐ Not Applicable
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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHEVIN, KENNETH I 1400 GULF SHORE BLVD NO SUITE 202 NAPLES FL 33940	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	1.1 TITLE	PVS ☐ Change ☐ Addition
NAME	COULSON, DOUGLAS E	1.2 NAME	COULSON, DOUGLAS E, C/O
STREET ADDRESS	760 BRANT STREET #405A	1.3 STREET ADDRESS	1400 GULF SHORE BLVD., N. SUITE 202
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	NAPLES, FL, 33940
TITLE	T	2.1 TITLE	T ☐ Change ☐ Addition
NAME	COULSON, DOUGLAS E	2.2 NAME	COULSON, DOUGLAS E.
STREET ADDRESS	760 BRANT STREET #405A	2.3 STREET ADDRESS	1400 GULF SHORE BLOD., N, SUITE 202
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	NAPLES, FL., 33940
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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.

SIGNATURE: _____ 3/7/95 (905) 437-2394
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER
DOUGLAS E. COULSON
Date / Daytime Phone #

0328808 CP