

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 14 PM 12:16

DOCUMENT # **V32477** (4)

1. Corporation Name  
**HIGH SEAS, INC.**

Principal Place of Business	Mailing Address
1141 NE 211TH ST NORTH MIAMI BEACH FL 33179	1141 NE 211TH ST NORTH MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>04/27/1992</b>	3a. Date of Last Report <b>03/15/1994</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0396580</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	28. Zip	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		
25. Zip	30. Zip		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>COOKE, STANLEY H.</b> 1141 NE 211TH ST NORTH MIAMI BEACH FL 33179	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. City <b>FL</b> 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOKE, STANLEY H.	12. NAME	
STREET ADDRESS	1141 NE 211TH ST	13. STREET ADDRESS	
CITY - ST - ZIP	N MIAMI BEACH FL 33179	14. CITY - ST - ZIP	
TITLE	<del>VP</del>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACK, MICHAEL	22. NAME	
STREET ADDRESS	845 NE 179TH TER	23. STREET ADDRESS	
CITY - ST - ZIP	N MIAMI BEACH FL 33162	24. CITY - ST - ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: Stanley H. Cooke **STANLEY H. COOKE** 2/10/95 (305) 770 3925