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

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

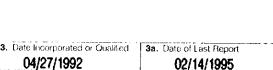
DOCUMENT #
1. Corporation Name

(4)

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			
					3. Date Incorporated or Qualified 04/27/1992	3a. Date of Last Report 02/14/1995
2. Principal	Principal Place of Business     2a. Mailing Address				4. FEI Number	Applied For
21	26				65-0396580	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Žip	Country	Zip	Country		8. This corporation has liability for	Added to Fees
24	25	29	30	,		□ No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	Registered Agent
			8	1 Name		
COOKE, STANLEY H.				82 Street Address (P.O. Box Number is Not Acceptable)		(c)
1141 NE 211TH ST NORTH MIAMI BEACH FL 33179			[	- 0110017133	ress ( Test stort sterrings to February to the	
			8	3		
•			8	4 Gity		85 Zip Code
11 Dureus	of to the provisions of Sections 607.05	02 and 607 1500 Final Co				F1
or regis familiar	tered agent, or both, in the State of Flowith, and accept the obligations of, Se	oz and 607.1508, Florida Sta orida. Such change was autho oction 607.0505, Florida Statu	nutes, the above orized by the co- ites.	peralien's bea	ration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its registered office pointment as registered agent. I am
SIGNATURE	Signature, typed or printed name of registered ag-		(NOTE Fingistered Ag	ant signature regerne	ed when rumstating)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	P	DELETE				Change Addition
NAME	COOKE, STANLEY H.		1.2 NAM			Į s
STREET ADORESS	111111111111111111111111111111111111111		1.3 STRE	EL ADDRESS		[1]
CITY-ST-ZIP	N MIAMI BEACH FL 33179		1.4 CITY			ICERS AND DIRECTORS IN 12 Change Addition
TITLE NAME	DELETE		2 1 11111			Change Addition
STREET ADDRESS	aree		2.2 NAME			
DITY-ST-ZIP				TADDRESS		
TITLE	DELETE			ST-ZIP		Change Addition
NAME		[]	3 1 THUE 3 2 NAME			
STREET ADDRESS	s			ET ADDRESS		
CITY-ST-ZIP			3.4 D/TY-	1		
TITLE	DELETE			TILE Change Addition		Change Addition
NAME	ļ		4.2 NAME			
STREET ADDRESS	s		4.3 STREE	1 ADDRESS		
CITY-ST-ZIP			4.4 CITY -	S1-ZIP		
TITLE		□ DELETE	5 1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS	S		53STREE	T ACCRESS		
CITY-ST-ZIP			5.4 CITY -	ST-ZIP		
TOLE		DELETE	6 1 TITLE			Change Addition
NAME			6.2 NAME			[
STREET ADDRESS	S		6.3 STREE	LADDRESS		
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 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 bastee 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 a stateopment with in address

SIGNATURE:

305 770 3925