FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

MAY -1 PM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V55005 (5)

1. Corporation Name

SEACRET SEA PRODUCTS INC.

Principal Place of Business	Mailing Address
5487 SAN MARINO WAY LAKE WORTH FL 33467	5487 SAN MARINO WAY LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/04/1992
3a. Date of Last Report: 04/21/1994
4. FEI Number: 65-0353814 — 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 (1) Florida Statutes. ☐ Yes ☑ No

2. Principal Place of Business / 2a. Mailing Address: 21, 22, 23, 24, 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALDERMAN, NORMAN E. 5487 SAN MARINO WAY LAKE WORTH FL 33467	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: PT NAME: ALDERMAN, NORMAN E. STREET ADDRESS: 5487 SAN MARINO CITY-ST-ZIP: LAKE WORTH FL	☐ Change ☐ Addition
TITLE: DS NAME: ALDERMAN, ELINOR STREET ADDRESS: 5487 SAN MARINO CITY-ST-ZIP: LAKE WORTH FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(n), 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: Norman E. Alderman, PRESIDENT — NORMAN E. ALDERMAN — 4-25-95 — 407-968-6096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0272323 CP