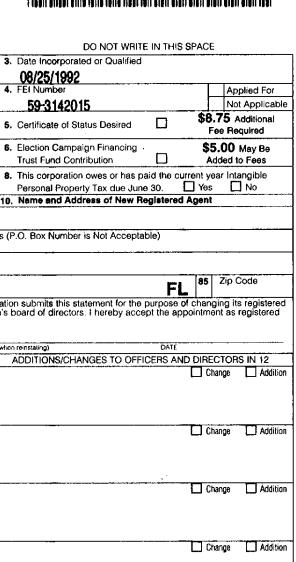
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # V59928 (4) SIX SEAS LIMITED INC. Principal Place of Business Mailing Address FRANCIS X. COLLETON 3959 COUNTRY VIEW DRIVE FRANCIS X. COLLETON 3959 COUNTRY VIEW DRIVE SARASOTA FL 34233 SARASOTA FL 34233 3. Date Incorporated or Qualified <u>08/25/1992</u> 2. Principal Place of Business 2a. Mailing Address 59-3142015 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing -23 Trust Fund Contribution 28 Zip Country Zip Country 24 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent Name COLLETON, FRANCIS X. 3959 COUNTRYVIEW DRIVE Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34233 83 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 Stoceture, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE TITLE COLLETON, FRANCIS X 1.2 NAME NAME 3959 COUNTRYVIEW DRIVE STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE

FILED Apr 23 1998 8:00am Secretary of State



Addition

Addition

Change

Change

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I 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 legal effect as if made under oath; that I am an officer or director of the corporation of 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.

3.1 TITLE

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

NAME

TITLE

TITLE NAME

TITLE NAME

STREET ADDRESS

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CITY-ST-ZIP

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