

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995. AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**FILED**

**95 AUG -3 AM 9:11**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # G28429 (0)**

1. Corporation Name  
**SEAVIEW MANOR MOTEL, INC.**

Principal Place of Business  
**% JOHN S. NORTON, JR., P.A.  
431 N. GRANDVIEW AVE., STE. B  
DAYTONA BEACH FL 32118**

Mailing Address  
**% JOHN S. NORTON, JR., P.A.  
431 N. GRANDVIEW AVE., STE. B  
DAYTONA BEACH FL 32118**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/18/1983** 3a. Date of Last Report **03/08/1994**

4. FEI Number **59-2273343** 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

2. Principal Place of Business	2a. Mailing Address
21	26 <b>45 CLINTON AVE.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28 <b>BROOKLYN, N.Y.</b>
Zip	Zip
Country	Country
24	29 <b>112 05</b> 30 <b>U.S.A.</b>

9. Name and Address of Current Registered Agent  
**NORTON, JOHN S P.A.  
431 N. GRANDVIEW AVE., STE. B  
DAYTONA BEACH FL 32118**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0503 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 \_\_\_\_\_  
(Print or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PV</b>	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALESTRA, STEPHEN, JR</b>	1 2 NAME	
STREET ADDRESS	<b>45 CLINTON AVE.</b>	1 3 STREET ADDRESS	
CITY - ST - ZIP	<b>BROOKLYN NY</b>	1 4 CITY - ST - ZIP	
TITLE	<b>STD</b>	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUSH, LEONARD</b>	2 2 NAME	
STREET ADDRESS	<b>230 E 79 ST.</b>	2 3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY</b>	2 4 CITY - ST - ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report, 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 any address.

SIGNATURE: *[Signature]* Secy/Treas 7/20/95 718-975-7313  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature)

CR2E034 (3/95)