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 Feb 06 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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
**45 CLINTON AVENUE
 BROOKLYN NY 11205-1108
 US**

3. Date Incorporated or Qualified 03/18/1983		3a. Date of Last Report 03/05/1996	
4. FEI Number 59-2273343		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

21. Principal Place of Business Suite, Apt. # etc.		22. City & State		23. Zip Country		24. Zip Country		25. Country		26. Mailing Address Suite, Apt. #, etc.		27. City & State		28. Zip Country		29. Zip Country		30. Zip Country	
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 FL									

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 with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PV BALESTRA, STEPHEN, JR	1.2 NAME	
STREET ADDRESS	45 CLINTON AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKLYN NY	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STD BUSH, LEONARD	2.2 NAME	
STREET ADDRESS	230 E 79 ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 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: *Leonard Bush* _____ DATE _____ DAYTIME PHONE # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)