

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **628429**
 1. Corporation Name
SEAVIEW MANOR Motel INC.

Principal Place of Business: **45 CLINTON AVE.**
 Mailing Address: **BROOKLYN, N.Y. 11205**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
3-1-83

2. Principal Place of Business
 21 **45 CLINTON AVE.**
 Suite, Apt. #, etc.
 22
 City & State
 23 **BROOKLYN, N.Y.**
 Zip
 24 **11205** Country
 25 **U.S.A.**

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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

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

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City
FL B5 Zip Code

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 _____ (NOTE: If a signed Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	Balestra Stephen Jr. Pres	<input type="checkbox"/> DELETE
NAME	Balestra Stephen Jr.	
STREET ADDRESS	45 CLINTON AVE	
CITY-ST-ZIP	BROOKLYN, N.Y. 11205	
TITLE	LEONARD BUSH	<input type="checkbox"/> DELETE
NAME	LEONARD BUSH	
STREET ADDRESS	230 E. 79 ST.	
CITY-ST-ZIP	NEW YORK, NY. 10021	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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*****150.00**

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 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 to the best of my knowledge, and am 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 in an attachment with an address.

SIGNATURE: **Leonard Bush**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/21/98** 718-815-7313

CR2E034 (10/97)