Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90094 009 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT #** J15910

1. Corporation Name

SEASPH/	of Business	Mailing Address				
% PHILLIP C. BOWSER % PHILLIP C. BOWSER						
123 OCEAN AVE. 123 OCEAN AVE.			404		DO NOT WRITE IN TH	S SPACE
PALM BEACH SHORES FL 33404 PALM BEACH SHORES FL 3340					3. Date Incorporated or Qualifed	0 01 102
					05/22/1986	
2. Principal Pl	ace of Business	2a. Mailing Address		•	4. FEI Number	Applied For
21					59-2694191	Not Applicable
Suite, Apt. #, etc.					- 5; Certificate of Status Desired	\$8.75 Additional Fee Required
22 27						
	City & State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zin			Country		This corporation owes the current year	
24	25	29 30	- ·		Personal Property Tax.	Yes □No
	9. Name and Address of Curren		·		10. Name and Address of New Registers	d Ágent
	-		81	Name		
BOWSER, PHILLIP C.			82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
123 OCEAN AVE. PALM BEACH SHORES FL 33404			83			
171	A DESTON CHOICE I'E COTO		03			
}	: 		84	City	F	25 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						
l office of D	egistered agent, or both, in the State m familiar with, and accept the obliga	eof Florida. Such change was auth	iorized by	tne corpora	ation's board of directors. I hereby accept the app	ointment as registered
SIGNĄTURE	arrian man and arrope and arrige					
01010310112	Signature, typed or printed name of registered age	······································		t signature requ	ired when reinstating) DATE	NE DIDECTORS IN 42
12.	PST OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	BOWSER, SHIRLEY	Detrie	1.2 NAME		•	
NAME	123 OCEAN AVE.		1.3 STREET	r &DDRESS	,	
STREET ADDRESS	PALM BEACH SHRS FL		1.4 CITY-S		•	•
CITY-ST-ZIP TITLE	D	DELETE	2.1 TITLE	,		☐ Change ☐ Addition
NAME	BOWSER, PHILLIP		2.2 NAME			}
STREET ADDRESS	123 OCEAN AVE		2.3 STREET	FADDRESS		
CITY-ST-ZIP	PALM BEACH SHRS FL	. و - ي سر	2. 4 CITY-5	1	The second secon	- Carlo Armera a a
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	•		3.2 NAME			-
STREET ADDRESS			2.2 CTDEE1	TADDRESS		
CITY+ST-ZIP		ļ	3.3 0 1100			
TITLE			3.4. CITY- S	ST-ZIP		
NAME		☐ DELETE		ST-ZIP	1001	Change Addition
		☐ DELETE	3.4. CITY - 9	ST-ZIP		Change Addition
STREET ADDRESS		DELETE	3.4. CITY-9 4.1 TITLE			Change Addition
STREET ADDRESS		☐ DELETE	3.4. CITY-9 4.1 TITLE 4. 2 NAME	f address		
		☐ DELETE	3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	f address		Change Addition
CITY-ST-ZIP			3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	f address t-zip		
CITY-ST-ZIP			3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	f ADDRESS T-ZIP F ADDRESS		
CITY-ST-ZIP TITLE NAME		□ DELETE	3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	f ADDRESS T-ZIP F ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	f ADDRESS T-ZIP F ADDRESS	,	

 $x \in \mathcal{X} \setminus \mathcal{Y} \cap \mathcal{Y}$ 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 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 chapter, or for an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS 1 2 2 3 3 4 4 4 4