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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1998	DIVISION OF	CORPORATIONS	Societa	ry or state
	MENT # J8795	· · ·	,		
SEAFA	INEN MANINE OF FUNI LA	AUDERDALE, INC.		(100/01/4 And 100/16 100/6 100/6 40/6 40/6 40/6 40/6	. Denne niðir deðir tigne niðir diðir 1901
Principal Place of Business Mailing Address				T TRESIDIO BURN TONIO TODOS CRISES BUIDI DINO	MINNI DINI NIDI NIDIN DIDIN DIDIN DIDIN KUNI
% RICHARD P. GUMSON. P.A. % RICHARD P. GUMSON. 6390 INDIANTOWN RD. CHASEWOOD PLZ #30 6390 INDIANTOWN RD. C					
JUPITER FL 33458 JUPITER FL 33458			CHASEALOOD LES ROO	DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address		08/13/1987 4. FEI Number	Applied For
21		26		65-0003752	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	te	City & State		Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	V
24	25 9. Name and Address of Curr	29 29 Acent	30	Personal Property Tax due June 3 10. Name and Address of New Reg	
GI	JMSON, RICHARD P., P.A.	ont negistered Agent	81 Name	10, Italie and Address of New Neg	Istered Whelir
CHASEWOOD PLAZA, SUITE 30			82 Street Add	ress (P.O. Box Number is Not Acceptable	(A
6390 INDIANTOWN ROAD				oss (1.0. Dox Hambel 15 Hot Acceptable	
JUPITER FL 33458			83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida State	utes, the above-named corp	poration submits this statement for the pu	
office or agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florida. Such change was igations of, Section 607.0505, F	s authorized by the corporat Florida Statutes.	poration submits this statement for the pution's board of directors. I hereby accep-	t the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered a OFFICERS A	egent and title if epplicable. (NO ND DIRECTORS	OTE: Registered Agent signature requirements 13.	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	710011011010101010101010101010101010101	Change Addition
NAME	ROUSE, WILLIAM H.		1.2 NAME		
STREET ADDRESS	231 SW 87TH TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP		Dolores District
TITLE Name	D/S Brillinger, Edward T.	DELETE	2.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	709 SW 15TH STREET		2.2 NAME 2.3 STREET ADDRESS		
CITY-S1-ZIP	FORT LAUDERDALE FL		2. 4 CITY+ST-ZiP		
TITLE	D/VP	DELETE	3.1 TITLE		Change Addition
NAME	BEGLEY, ROBERT M.	ı	3.2 NAME		
STREET ADDRESS	1605 NE 5th Court	;	3.3 STREET ADDRESS		
CITY-ST-ZIP	Fort Lauderdale,	FL 33301 DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE NAME		. L Decene	4.1 TITLE 4. 2 NAME		C. Cuande (*1 Vooriins)
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME		•	52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	•	
CITY-ST-ZIP		T on the	5.4 CITY-ST-ZIP	·	Onnes Addition
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
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 or the receiver or tustile empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13. changed, or on an attackment with an address. 2////98

(954) 763 - 4263

FILED

Feb 24 1998 8:00am

Secretary of State