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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

SEA LIFE ENTERPRISES, INC.

FILED Feb 04 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address							
1428 E SEMORAN BLVD 1428 E SEMORAN BLVD							
SUITE 111 APOPKA FL 32703 APOPKA FL 32703				DO NOT WRITE IN THIS SPACE			
40	se. 00	MILDI NA 1 E VETO		3. Date Incorporated or Qualified			
				03/06/1989]		
2. Principal P	lace of Business Suite # A401	2a. Mailing Address	_	4. FEI Number	Applied For		
21 <i>380 S</i>	EMORAM COMMERCE BLUD	26 F.O. BOX 12	7	59-3029197	Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
	PKN	27 APOPKA			Fee Required		
City & State	Ð	City & State		8. Election Campaign Financing	\$5.00 May Be		
23 F C	Country	28 FL Zip	Country	Trust Fund Contribution	Added to Fees		
<u> </u>		29 32703	- 10 C 0	8. This corporation owes or has paid the Personal Property Tax due June 30.	current year intangible		
24 5070	9. Name and Address of Current	1	0, 5.70	10. Name and Address of New Registere			
CO	JURT, MARIE ELIZE		81 Name				
	27 BERMUDA AVENUE NORTH		DD Course Add	Jacob (D.O. Day Mumber in Not Apportunity)			
	OPKA FL 32703		82 Street Add	dress (P.O. Box Number is Not Acceptable)			
, ,	0710712 02700		83				
			84 07		85 Zip Code		
			84 City	F	L 85 Zip Code		
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607,1508, Florida Statutes, f Florida Such change was aut	the above-named cor horized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered appointment as registered		
agent I a	m familiar with, and accept the obligat	ions of, Section 607 0505, Florid	la Statutes.	•			
SIGNATURE Signature, typed or printed hance of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE DATE							
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A			
TITLE	PSD	☐ DELETE	1.1 TITLE		Change Addition		
NAME	COURT, MARIE ELIZE		1.2 NAME		ļ		
STREET ADDRESS	2827 BERMUDA AVE.		1.3 STREET ADDRESS		ļ		
CITY-ST-ZIP	APOPKA, FL 32703	Dogger	1.4 CITY - ST - 7IP		Channa L Addition		
TITLE		☐ DELETE	2 1 TITLE		Change Addition		
NAME			2.2 NAME		<u> </u>		
STREET ADDRESS			2.3 STREET ADDRESS		1		
CITY-ST-ZIP		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition		
TITLE		□ otttit			Cloudings Cluddings		
NAME OZDECE ADDOCOS			3.2 NAME		•		
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-\$T-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition		
NAME -	~	had beech	4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS]		
CITY-ST-ZIP			4.4 City-St-ZIP				
TITLE		DELETE	5.1 TITLE		Change Addition		
NAME		_	5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		Change Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				
44 41				Castian 110 07/21/i) Elorido Statutas, Lifurthar			

Thereby 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 informatio indicated on this annual report or supplemental armual 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.