1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K70625

SEA LIFE ENTERPRISES, INC.

Principal Place of Business	Mailing Address			<u> </u>	- S INTERIT OF INTERIOR	51211 51411 51511 51	
380 SEMORAN COMMERCE BLVD #A-101	P O BOX 127						
APOPKA FL 32703  APOPKA FL 32703					DO NOT WRITE IN THIS SPACE		
US .	US	US .			3. Date Incorporated or Qualified		
					03/06/1989		
					4. FEI Number	Apr	olied For
2. Principal Place of Business	2a. Mailing Addres	SS			59-3029197		Applicable
21	26					\$8.75 A	
Suite, Apt. #, etc.	Suite, Apt. #, 6	etc.			5. Certifcate of Status Desired	Fee Red	
22	27			<del></del>	a Florian Compaign Financing	\$5.00	May Be
City & State	City & State				6. Election Campaign Financing Trust Fund Contribution	Added to	
23	28		ountry		This corporation owes the current year I	ntangible	,
Zip Country	Zip		ounu y		Personal Property Tax.	Yes	□No
24 25	[29]	30	<del></del>		10. Name and Address of New Registere	d Agent	
9. Name and Address of C	urrent Registered Agent		81	Name	***		
COURT MARIE EUZE	•					High day	
COURT, MARIE ELIZE	บ		82	Street Ad	dress (P.O. Box Number is Not Acceptable)	Garage Control	··
2827 BERMUDA AVENUE NORT	n			· ·		7-2 - 1	3 3 3 4 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
APOPKA FL 32703			83				11440 14
	•		84	City	, , ,	85 Zip C	Code
					proporation submits this statement for the purpose ation's board of directors. I hereby accept the app	ef changing its	rogistared
agent. I am familiar with, and accept the	obligations of, Section 607.0	505, Florida S	statutes		proportion's board of directors. I hereby accept the apparent		
agent. I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registe	obligations of, Section 607.0	505, Florida S	tatutes	,	uired when reinstating)	·	
agent. I am familiar with, and accept the SIGNATURE SIGNATURE Signature, typed or printed name of registe	obligations of, Section 607.0  ared agent and title if applicable.  RS AND DIRECTORS	505, Florida S (NOTE: Registe	ered Agen	,		·	
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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 changed, or on an attachment with an address, with all other like empowered. CITY+ST-ZIP

6.4 CITY-ST-ZIP

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90049 020 \*\*\*150.00