

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

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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90066 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P92000010131
 1. Corporation Name
 SEAGULL DEVELOPMENT CORPORATION



Principal Place of Business
 1 SOUTH POINTE DRIVE
 MIAMI BEACH FL 33139

Mailing Address
 1 SOUTH POINTE DRIVE
 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 404 WASHINGTON AVE.
 Suite, Apt. #, etc. 22 120
 City & State 23 MIAMI BEACH FL
 Zip 24 33139 County 25 DADE

2a. Mailing Address
 26 404 WASHINGTON AVE.
 Suite, Apt. #, etc. 27 120
 City & State 28 MIAMI BEACH FL
 Zip 29 33139 Country 30 DADE

3. Date Incorporated or Qualified
 12/08/1992

4. FEI Number
 65-0385868 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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
~~THREATT, ROBERT R~~
~~1 SOUTH POINTE DRIVE~~
~~MIAMI BEACH FL 33139~~

10. Name and Address of New Registered Agent
 81 Name BRIAN A. HART
 THOMSON, MURARO RAZOOKY HART, P.A.
 82 Street Address (P.O. Box Number is Not Acceptable)
 ONE SOUTHEAST THIRD AVENUE
 83 17TH FLOOR
 84 City MIAMI FL 85 Zip Code 33131

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 *B.A. Hart* BRIAN A. HART 4/29/99 DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reappointing)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PSTD	<input type="checkbox"/>
NAME	KRAMER, THOMAS	
STREET ADDRESS	1 SOUTH POINTE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	HANAU, H	<input checked="" type="checkbox"/>
NAME	HANAU, H	
STREET ADDRESS	1 SOUTH POINTE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VPS	<input type="checkbox"/>
NAME	NEE, M.	
STREET ADDRESS	1 SOUTH POINTE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	404 WASHINGTON AVE., SUITE 120	
1.3 STREET ADDRESS	MIAMI BEACH, FL 33139	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	404 WASHINGTON AVE., SUITE 120	
3.3 STREET ADDRESS	MIAMI BEACH, FL 33139	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CATHY COLONNESE	
5.3 STREET ADDRESS	404 WASHINGTON AVE., SUITE 120	
5.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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.

SIGNATURE: *Cathy Colonnese* CATHY COLONNESE 4/29/99 DATE

Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (11/98)