

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra S. Northing
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065188

1. Corporation Name

SEAGULL VENTURES, INC.

Principal Place of Business

Mailing Address

C/O PENINSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BLVD. STE. 4074
MIAMI FL 33131

C/O PENINSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BLVD. STE. 4074
MIAMI FL 33131-0330

FILED
May 20 1997 8:00am
Secretary of State

3. Date Incorporated or Qualified 8/5/96 3a. Date of Last Report

21. Principal Place of Business	26. Mailing Address	4. FEI Number	5. Certificate of Status Desired	6. Election Campaign Financing	7. This corporation has liability for income tax under s. 192(1)(2) Florida Statutes
21 200 South Biscayne Blvd. Suite, Apt. # etc Suite 2410	26 200 South Biscayne Blvd. Suite, Apt. # etc 2410	4 65-0698909	5 ☐ \$0.75 Additional Fee Required	6 ☐ \$5.00 May Be Added to Fees	7 ☒ Yes ☐ No
22 City & State	27 City & State				
22 Miami, Florida	27 Miami, Florida				
23 Zip	28 Zip				
23 33131	28 33131				
24 Date	29 Date				

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENINSULA REGISTERED AGENTS INC.
200 S. BISCAYNE BLVD.
SUITE 4074
MIAMI FL 33131

11 Name PLC INVESTMENTS INC
12 Street Address (P.O. Box Number is Not Acceptable)
200 S. BISCAYNE BLVD
13 SUITE 2410
14 City MIAMI FL 33131

15. Pursuant to the provisions of Sections 607.0502 and 607.1505 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 account as registered agent. I am familiar with and accept the obligations of Section 607.1505, Florida Statutes.

SIGNATURE *Julia Nietzer as Secretary for PLC Investments Inc 5/4/97*

22. OFFICERS AND DIRECTORS		18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	2. NAME	1. TITLE	2. NAME
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
3. DELETE	4. DELETE	3. DELETE	4. DELETE
5. DELETE	6. DELETE	5. DELETE	6. DELETE
7. DELETE	8. DELETE	7. DELETE	8. DELETE
9. DELETE	10. DELETE	9. DELETE	10. DELETE
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5/20/97

16. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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. 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.

SIGNATURE *Julia Nietzer* PRESIDENT 5/20/97 305-371-1650