

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90038 029 ***150.00

DOCUMENT # 188594

1. Corporation Name
SEACOAST UTILITIES, INC.

Principal Place of Business
4400 PGA BOULEVARD
SUITE 900
PALM BEACH GARDENS FL 33410
US

Mailing Address
4400 PGA BOULEVARD
SUITE 900
PALM BEACH GARDENS FL 33410
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1955

4. FEI Number

59-0773812

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, STEVEN
4400 PGA BOULEVARD
SUITE 900
PALM BEACH GARDENS FL 33410

81 Name

Cohen, Steven

82 Street Address (P.O. Box Number is Not Acceptable)

625 N. Flagler Dr.

83

Suite 700

84 City

West Palm Beach

FL

85 Zip Code
33401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/99

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, DALE E	
STREET ADDRESS	4400 PGA BOULEVARD, SUITE 900	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, C.N.	
STREET ADDRESS	4400 PGA BOULEVARD, SUITE 900	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, STEVEN	
STREET ADDRESS	4400 PGA BOULEVARD, SUITE 900	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MINTZ, JOSHUA	
1.3 STREET ADDRESS	140 SOUTH DEARBORN ST.	
1.4 CITY-ST-ZIP	CHICAGO, IL 60603	
2.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	YANCHURA, MARC	
2.3 STREET ADDRESS	140 SOUTH DEARBORN ST.	
2.4 CITY-ST-ZIP	CHICAGO, IL 60603	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	COHEN, STEVEN	
3.3 STREET ADDRESS	625 N. FLAGLER DR.	
3.4 CITY-ST-ZIP	CHICAGO, IL 60603	
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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:

SIGNATURE REQUIRED

Date

Daytime Phone #

4/27/99 561-650-8360

CR2E034 (11/98)

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