

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 242716

1. Entity Name
SILVER SEAS HOTEL, INC.



FILED

2008 APR 11 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2701 NE 42 STREET
POMPANO BEACH, FL 33064

Mailing Address
2701 NE 42 STREET
POMPANO BEACH, FL 33064



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-0969878

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRUCE A WEIHE ESQ
HEINRICH GORDON HARGROVE WEIHE & JAMES PA
500 E BROWARD BLVD STE 1000
FORT LAUDERDALE, FL 33394

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S
NAME WEIHE, BRUCE A
STREET ADDRESS 500 E BROWARD BLVD, STE 1000
CITY-ST-ZIP FT LAUDERDALE, FL 33344 ☒ Delete

TITLE PD
NAME ANDERSON, JAMES H
STREET ADDRESS 1400 E. TOUHY AVE.
CITY-ST-ZIP DES PLAINES, IL ☐ Delete

TITLE VTD
NAME BLAKE, TERRENCE
STREET ADDRESS 1400 E TOUHY AVE
CITY-ST-ZIP DES PLAINES, IL ☒ Delete

TITLE D
NAME ANDERSON, JANICE
STREET ADDRESS 1400 E. TOUHY AVE.
CITY-ST-ZIP DES PLAINES, IL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES ANDERSON

4-5-08

Date

954-942-7244

Daytime Phone #