

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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90198 029 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 494655

1. Corporation Name  
CEAMAR ENTERPRISES, INC.

Principal Place of Business  
12801 W SUNRISE BLVD STORE 283  
SUNRISE MILLS MAL  
SUNRISE FL 33323

Mailing Address  
3400 CARLTON LANE  
DAVIE FL 33330-1910



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1976

4. FEI Number

59-1675254

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MACRI, ELVIRA  
3400 CARLTON LANE  
DAVIE FL 33330-1910

SAME  
AGENT,  
Different  
address

10. Name and Address of New Registered Agent

81 Name MACRI, Elvira

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

1800 S Ocean Drive #104

83 apt 104

84 City Ft Lauderdale FL

85 Zip Code 33316

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

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MACRI, ELVIRA  
STREET ADDRESS 3400 CARLTON LANE  
CITY-ST-ZIP DAVIE FL

TITLE S ☐ DELETE

NAME MACRI, ROSE  
STREET ADDRESS 3400 CARLTON LANE  
CITY-ST-ZIP DAVIE FL

TITLE VPT ☐ DELETE

NAME MACRI, KATHRINE  
STREET ADDRESS 3400 CARLTON LANE  
CITY-ST-ZIP DAVIE FL

TITLE VS ☐ DELETE

NAME MACRI, JASON  
STREET ADDRESS 3400 CARLTON LANE  
CITY-ST-ZIP DAVIE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1800 S. Ocean Dr #104

1.4 CITY-ST-ZIP Ft Land, FL 33316

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1800 S. Ocean Dr #104

2.4 CITY-ST-ZIP Ft Land, FL 33316

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 1800 S. Ocean Dr #104

3.4 CITY-ST-ZIP Ft Land, FL 33316

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 1800 S. Ocean Dr #104

4.4 CITY-ST-ZIP Ft Land, FL 33316

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)