

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 13 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **549684** (9)

1. Corporation Name
SEA AIRE BY THE SEA, INC.

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| Principal Place of Business 1715 SOUTH OCEAN BLVD DELRAY BEACH FL 33483 | Mailing Address 30 MARINE WAY DELRAY BEACH FL 33482 |
|---|---|



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1977

4. FEI Number

59-1791798

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**JONAP, MARY M
30 MARINE WAY
DELRAY BEACH FL 33482**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL 85. Zip Code

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 | <input type="checkbox"/> DELETE |
| NAME JONAP, MARY M | |
| STREET ADDRESS 1715 SOUTH OCEAN BLVD | |
| CITY-ST-ZIP DELRAY BEACH FL 33444 | |

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|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| TITLE | <input type="checkbox"/> DELETE |
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| TITLE | <input type="checkbox"/> DELETE |
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| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 1.2 NAME | |
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| 1.3 STREET ADDRESS | |
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| 1.4 CITY-ST-ZIP | |
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| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 2.2 NAME | |
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| 2.3 STREET ADDRESS | |
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| 2.4 CITY-ST-ZIP | |
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| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 3.3 STREET ADDRESS | |
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| 3.4 CITY-ST-ZIP | |
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| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 4.3 STREET ADDRESS | |
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| 4.4 CITY-ST-ZIP | |
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| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 5.2 NAME | |
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| 5.3 STREET ADDRESS | |
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| 5.4 CITY-ST-ZIP | |
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| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 6.2 NAME | |
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| 6.3 STREET ADDRESS | |
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| 6.4 CITY-ST-ZIP | |
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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.

SIGNATURE

MARY M JONAP

8/13/98

CR2E034 (5/98)