

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  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90016 012 \*\*\*150.00

DOCUMENT # 568710

1. Corporation Name  
SEESE REALTY, INC.

Principal Place of Business  
3159 E ATLANTIC BLVD  
POMPANO BEACH FL 33062  
US

Mailing Address  
POST OFFICE BOX 2485  
FORT LAUDERDALE FL 33303-2485  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1978

4. FEI Number

59-1845424

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOFSHEVER, HAROLD S.  
2455 E SUNRISE BLVD  
SUITE 917  
FT LAUDERDALE FL 33304

81 Name

HAROLD S BOFSHEVER

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

4875 N. FEDERAL HWY, 7TH FLOOR

83

84 City

FT LAUDERDALE

FL

85 Zip Code

33304

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)

1/20/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP  
NAME BOYLES JR., OTTIS  
STREET ADDRESS 4031 NE 22 AVENUE  
CITY-ST-ZIP FT LAUDERDALE, FL 00000 33308

☐ DELETE

TITLE VP  
NAME NELLIS, WILLIAM R  
STREET ADDRESS 8827 ASHTON COURT  
CITY-ST-ZIP KNOXVILLE TN 37922

☐ DELETE

TITLE PST  
NAME MURPHY, RAYMOND L  
STREET ADDRESS 2409 E LAS OLAS BLVD  
CITY-ST-ZIP FT LAUDERDALE, FL 00000 33301

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

1/20/99

DATE

954-523-8784

Daytime Phone #

CR2E034 (11/98)