

1-15-97 B-0198-C
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Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 627437

(7)

1. Corporation Name

SEA ROCKET MOTEL, INC.



Principal Place of Business

17250 GULF BLVD.
N REDINGTON BCH. FL 33708

Mailing Address

17250 GULF BLVD.
N REDINGTON BCH. FL 33708-1345

3. Date Incorporated or Qualified

06/26/1979

3a. Date of Last Report

02/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 4023 W. ALVA ST.

22 City & State

27 Suite, Apt. #, etc.

28 SUITE 2

23 Zip

Country

29 Zip

Country

24

25

30

31

32

33

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BEBLER, BILL~~
0420 MCINTOSH RD.
DOVER FL 33527

81 Name

MARCUS PAULA

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

2606 N. HABANA

83

84 City

TAMPA

FL

85 Zip Code

33607

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

Marcus Paula

PRES.

1-8-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME PAULA, MARCUS
STREET ADDRESS 2606 N. HABANA
CITY-ST-ZIP TAMPA FL

TITLE VP ☐ DELETE

NAME MCCARTY, LARRY
STREET ADDRESS 9232 120TH WAY N.
CITY-ST-ZIP SEMINOLE FL

TITLE ~~S~~ ☒ DELETE

NAME ~~BEBLER, WILLIAM~~
STREET ADDRESS ~~0420 MCINTOSH RD.~~
CITY-ST-ZIP ~~DOVER FL~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 do 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:

Marcus Paula
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCUS PAULA

1-8-97

8138701093

Date

Daytime Phone #

CR2E034 (9/96)