


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 18, 1999 8:00 am**  
**Secretary of State**

08-18-1999 90006 027 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 708581</b>		
1. Corporation Name <b>SEA-N-SHORE WATER SAFETY CONSULTANTS, INC.</b>		
Principal Place of Business 13330 BELLAMY BROS. BLVD DADE CITY FL 33525-911 US	Mailing Address 13330 BELLAMY BROS BLVD DADE CITY FL 33525-911 US	

607344 - 90006 - 27



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 <i>1428 Lakeview Dr</i>	26 <i>1428 Lakeview Dr</i>	03/02/1965
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1147333
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23 <i>Tarpon Spgs</i>	28 <i>Tarpon Spgs</i>	<b>\$8.75</b> Additional Fee Required
Zip Country	Zip Country	6. Election Campaign Financing <input type="checkbox"/>
24 <i>34689</i> 25 <i>Pinellas</i>	29 <i>34689</i> 30 <i>Pinellas</i>	Trust Fund Contribution <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MEIER, DAVID P. 13330 BEALLAMY BROS BLVD DADE CITY FL 33525-7911	81 Name <i>Same</i>
	82 Street Address (P.O. Box Number is Not Acceptable) <i>1428 Lakeview Dr</i>
	83
	84 City <i>Tarpon Spgs</i> FL 85 Zip Code <i>34689</i>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEIER, DAVID P. <i>1428 Lakeview Dr</i>	1.2 NAME	
STREET ADDRESS	<del>13330 BELLAMY BROS BLVD</del>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<del>DADE CITY FL 33525-7911</del> <i>Tarpon Spgs</i>	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUEVAS, MIRTHA, M.D.	2.2 NAME	
STREET ADDRESS	2106 HILLCREST ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOMACK, BRUCE	3.2 NAME	
STREET ADDRESS	2710 N. DELLWOOD DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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]* 9-15-99 727-944-2833  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)