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Apr 04 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 # 854475

(1)

1. Corporation Name

SEACREST ESTATES INC.

Principal Place of Business

505 BEACHLAND BLVD
VERO BCH FL 32963

Mailing Address

505 BEACHLAND BLVD
VERO BCH FL 32963-1710

3. Date Incorporated or Qualified
10/25/1982

3a. Date of Last Report
05/10/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 Suite 1, Box 217

26 Suite, Apt. #, etc.
27 Suite 1, Box 217

23 City & State

28 City & State

24 Zip Country

29 Zip Country

4. FEI Number
22-2426773

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 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

SCHORNER, JAMES A.
505 BEACHLAND BLVD
VERO BEACH FL 32963

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
3381 Ocean Drive

83

84 City
Vero Beach

85 Zip Code
FL 32963-1680

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

James A. Schorner

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
CAGNAZZI, VICTOR
STREET ADDRESS
14 BANTRY CT
CITY-ST-ZIP
HUNTINGTON BAY NY

TITLE ☐ DELETE

NAME
CORTESE, LUCIANO
STREET ADDRESS
505 BEACHLAND BLVD.
CITY-ST-ZIP
VERO BCH. FL

TITLE ☐ DELETE

NAME
CAGNAZZI, VICTOR
STREET ADDRESS
14 BANTRY CT
CITY-ST-ZIP
HUNTINGTON BAY NY

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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

505 Beachland Blvd, Ste. 1, Box 217

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97

Daytime Phone #

0109121

CR2E034 (9/96)