## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F67775 1. Corporation Name

1999 - 5

SEA-FARER MARINE, INC.

## **FILED** Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90085 039 \*\*\*150.00



<b>G</b>	The transfer was part									
Principal Place of Business Mailing Address						-{				
% EMMA FEGER	3	% EMMA FEGER P.O. BOX 24								
P.O. BOX 24 NEW SMYRNA BEACH FL 32169-5232 P.O. BOX 24 NEW SMYRNA BEACH FL 3217			2170	70		DO NOT WRITE IN THIS SPACE				
US						3. Date Incorporated or Qualifed				
				_		02/18/1982	{			
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number Applied Fo				
21		26				59-2173121 Not Applica				
Suite, Apt. #, etc.		<b>⊢</b> '''	Suite, Apt. #, etc.			5. Certificate of Status Desired  Fee Required	al			
22		27								
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	٠				
23		Zip Country			Trust Fund Contribution Added to Fees  8. This corporation owes the current year Intangible					
Zip Country		<del> </del> -1	m '			8. This corporation owes the current year intangible  Personal Property Tax				
24	9. Name and Address of Current	Pagistered Agent	30		-	10. Name and Address of New Registered Agent				
	9. Name and Address of Correct	Registered Agent		31 N	Name		$\neg \uparrow$			
EEGI	ER, EMMA			_						
	N. CAUSEWAY		8	32 5	Street Addres	ss (P.O. Box Number is Not Acceptable)	İ			
	SMYRNA BEACH FL 32070-0024			33			一			
14644	OMITTINA DEACTITE GEOTO GOE	•								
			8	34 (	City	FL 85 Zip Code				
	000 F00	COT 1EOG Elevido Statut	ne the abo		amed cornor	ration submits this statement for the purpose of changing its register	ed			
office or r	edistered agent or both in the State (	ni Fiorida. Such change was a	uunonzea i	טע נוונ	e corporation	n's board of directors. I hereby accept the appointment as registered				
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Statut	es.			1			
SIGNATURE	Signature, typed or printed name of registered agent	AIOTE	· Decistored A	oost sic	gnature required w	when reinstating) DATE	-			
12.	OFFICERS AN		13.	gerk av	gratore requires r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12			
TITLE	D	DELETE	1.1 TITL	E		Change Ar				
NAME	FEGER, WILLIAM F JR		1.2 NAW	tE.			.			
STREET ADDRESS	2990 TURNBULL BAY RD.		13 STR	FETAD	ODRESS		201			
	NEW SMYRNA BCH_FL		1.4 CITY			, , , , , , , , , , , , , , , , , , , ,	1			
CITY-ST-ZIP.		DELETE	2.1 TITL		<del>"</del>	☐ Change ☐ Ac	dition			
NAME	FEGER, EMMA		2.2 NAM	4E			]			
STREET ADDRESS	2990 TURNBULL BAY RD.		2.3 STR	_	ODRESS					
	NEW SMYRNA BCH_FL		2.4 CIT							
TITLE	PD	DELETE	3.1 TITL			☐ Change ☐ Ac	dition			
	• =	<u>_</u>	3.2 NAM		ĺ		1			
NAME PEDECT ADDRESS	FEGER, STEVEN J 2990 TURNBULL BAY RD				DDRESS	•	ļ			
STREET ADDRESS	NEW SMYRNA BCH FL		3.4. CFT				}			
CITY-ST-ZIP TITLE	NEW SWITHING BUT FL	DELETE	4.1 TITL			☐ Change ☐ Ad	dition			
NAME		-	4. 2 NA				Ì			
-STREET ADDRESS	the second of th				ODRESS	and the second s	- ]			
			4.4 CIT							
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITL			☐ Change ☐ Ac	dition			
NAME			5.2 NAN				Ì			
STREET ADDRESS			5.3 STR	EETAC	ODRESS		1			
CITY-ST-ZIP			5.4 CIT	/-ST-Z	1P					
UI (-3(-21F										
TITLE		DELETE	6.1 TITL		<del>-  </del>	· Change A	ddition			
TITLE NAME		☐ DELETE		E		· Change A	ddition			
TITLE NAME STREET ADDRESS		☐ DELETE	6.1 TITL 6.2 NAA	E. ME	DDRESS	Change A	ddition }			

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, er on an attachment with an address, with all other like empowered.

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