SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9800000445

SEA AND SKI DELAWARE, INC.

FILED Aug 26, 1999 8:00 am Secretary of State

08-26-1999 90009 010 ***550.00



Principal Place	e of Busines	\$	M	failing Address			
8180 NW 36 ST	REET. SUITE	105	818	80 NW 36 STREET. SUIT	E 105		
MIAMI FL 33166			MIA	AMI FL 33166			DO NOT WRITE IN THE CRACE
							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
							01/23/1998
2. Principal Place of Business				. Mailing Address			4. FEI Number Applied For
21			26	26			65-0689302 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22			27	27			5. Certificate of Status Besides Fee Required
City & State				City & State			6. Election Campaign Financing 55.00 May Be
23			28	28			Trust Fund Contribution Added to Fees
Zip		Country		Zip	Cou	ntry	8. This corporation owes the current year
24		25	29		30		Intangible Personal Property. Yes No
	9. Name	and Address of Curre	nt Regis	stered Agent			10. Name and Address of New Registered Agent
				·		81 Name	Barry J. Hechtman
PARK	(ER, CLAY	TON E					Address (P.O. Box Number is Not Acceptable)
% KIRKPATRICK & LOCKHART LLP				82 Street Addre			(Address (P.O. Box Number is Not Acceptable)
201 5	SOUTH BIS	CAYNE BOULEVARD)	83			
MIAM	II FL 3313 ⁻					8	100 S.W. 81 Drive
						84 City	1/9 m, FL 85 Zip Code 37/43
11. Pursuant	to the provi	sions of sections 607.050	02 and 6	607.1508, Florida Statute	es, the ab	ove-named	corporation submits this statement for the purpose of changing its registered
office or	registered a	gent, or both, in the Stat	e of Flor	rida.Such change was :	authorize	d by the corp	poration's board of directors. I hereby accept the appointment as registered
agent. I a	am tamiliar	with, and accept the oblig	gations	pr, section 607.0505, Fi	onga sia	utes.	8/27/00
SIGNATURE		or printed name or registered ag		a if applicable. (N	OTF: Registe	red Agent signat	ture required when reinstating) DATE
12.	orginature, types	OFFICERS A		· · · · · · · · · · · · · · · · · · ·	13.	TOO 7 Igon aignot	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PDST	Of FIGURE 7	1000111	DELETE	1.1 TI	TLE	Change Addition
NAME	BELL RO	DEDT		OLLETE	1.2 N		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
		36 STREET, SUITE 1	05			REET ADDRESS	
STREET ADDRESS			103				
CITY-ST-ZIP	MIAMI FL	33100			_	TY-ST-ZIP	
TITLE	AS	014)(50) 5		DELETE	2.1 Ti		V.P. CANORI Robert CANORI 8180 NW 3657 #105 MIAMI FL 33/66
NAME		CLAYTON E			2.2 N		PION WIW 3651 # 105
STREET ADDRESS 201 SOUTH BISCAYNE BOULEVAL				· ·		REET ADDRESS	33/66
CITY-ST-ZIP	MIAMI FL	33131			2.4 C	TY-ST-ZIP	MITHILLE
TITLE				■ DELETE	3.1 Tf	TLE	L Change L Addition
NAME					3.2 N	AME.	
STREET ADDRESS					3.3 \$1	REET ADDRESS	
CITY-ST-ZIP					3.4 CI	TY-ST-ZIP	
TITLE				DELETE	4.1 TI	TLE	Change Addition
NAME					4.2 N	ME	
STREET ADDRESS					4.3 S1	REET ADDRESS	
CITY-ST-ZIP					1.0 0	TY-ST-ZIP	\
TITLE				Delete	5.1 TI		Change Addition
				L DELETE	5.2 N		Change
NAME				1			
STREET ADDRESS					ı.	REET ADDRESS	
CITY-ST-ZIP						TY-ST-ZIP	
TITLE				☐ DELETE	6.1 T		Change Addition
NAME					6.2 N	AME	
STREET ADDRESS	ļ				6.3 S	REET ADDRESS	
CITY-ST-ZIP						TY-ST-ZIP	
14. I hereby o	ertify that the	information supplied wit	h this fili	ing does not qualify for	the exem	otion stated i	in section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated of an officer	on this annu or director o	at report or supplementa f the corporation or the r	ıı annual eceiver	I report is true and accu or trustee empowered t	irate and o executi	เกลt my sign e this report	nature shall have the same legal effect as if made under oath; that I am as required by Chapter 607, Florida Statutes; and that my name appears
in Block 1:	2 or Block 1	3 if changed, or on an at	tachiner	nt with an address.	, ,	//	as required by Chapter 607, Florida Statutes; and that my name appears
	(Walnut	5/./	In Walnut	- 150	11 11.	Judat 8/23/99 305-436-5510
SIGNAT	'IIRF. Ì	-1L/V (MX20)	11:11	UNICU BACK	1-6	" Jic	- way 0/23/1/ 303 100 1010