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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800003467

SEAL HOLDINGS CORPORATION

Principal Place of Business	Mailing Address
	AGE MODELL AUCK

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90037 008 ***150.00



Principal Place	of Business	Mailing Ad	idress				1								
125 WORTH AVI PALM BEACH FI		125 Worth Avenue. Ste 314 Palm Beach Fl 33480					DO NOT	WRITE IN	N THIS S	PACE	.				
							3.	Date Incorpor	ated or Qual	ifed					
							1	06/18/199	R						
2 Principal Pla	ace of Business	2a. Mailing	Address					FEI Number		-		$\neg \top$	App	lied For	
							65-076929	e.					Applicable		
21 26 Suite Apt. #, etc. Suite, Apt. #, etc.			Ant # etc				+	00 010323	0			\$8		Iditional	
— · · · · · · · · · · · · · · · · · · ·						5.	Certificate of 9	Status Desire	ed 🗀			e Req			
22			State				-	Election Cam	onian Einano	ina .		¢ 5	00.	.— ∕lav Be	
¬/ · · · · · · · · · · · · · · · · ·			Cidio				1	Trust Fund Co		"' ⁹ 🗆			ded to		
Zíp	Country	Country Zip							current v	ear Intar					
—		⊢ ′ −			,		8. This corporation owes the current year Intangible Personal Property Tax.							⊒No	
24	25 29 30 9. Name and Address of Current Registered Agent			<u>, </u>				Name and A	 ~	ew Regis					
	9. Name and Address of Corrent	Neglateled A	yen	81	N	lame	10.			<u></u>					
GOO	DNER, JAMES S			Ĺ						-					
	WORTH AVENUE, STE 314			82	2 S	Street Addre	ess (P.	O. Box Numb	er is Not Acc	ceptable)					
	I BEACH FL 33480			83											
PALIN	I DEACH FL 33400			63	'										
				84	<u> ا</u>	City		_				85	Zip Co	ode	
											FL	بلبل			
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such	i change was auth	ionzed by	/ the	amed corporation	oration on's bo	submits this pard of director	statement for s. I hereby a	the purp accept the	appoint	nangii ment	ng its r as reg	egisterea istered	
SIGNATURE						nature required	d uton ro	ninetatina)			ATE				
	Signature, typed or printed name of registered agent a OFFICERS AND			13.	in sig	kiature reduired		ADDITIONS/C	HANGES TO			DIRE	CTOF	2S IN 12	
12.		DIRECTORS	DELETE	1.1 TITLE			<u>_</u>	ADDITIONS/C	INIGES TO	, OI I IQE		Cha		☐ Addition	
TITLE	PCD			1.2 NAME								_	•	_	
NAME	FERGUSON, THOMAS														
STREET ADDRESS	125 WORTH AVENUE, STE 314			1.3 STREE											
CITY-ST-ZIP	PALM BEACH FL		D DELETE	1.4 CITY-5		P						Ch	2000	Addition	
TITLE	VST		☐ DELETE	2.1 TITLE				_					ange		
NAME	GOODNER, JAMES S			2.2 NAME											
STREET ADDRESS	125 WORTH AVENUE, STE 314			2.3 STREE	T AD	ORESS	_	_				_			
CITY-ST-ZIP	PALM BEACH FL			2. 4 CITY-	ST-ZI	IP						=-			
TITLE	D		☐ DELETE	3.1 TITLE								Ch:	ange	☐ Addition	
NAME	HVIDE, J &			32 NAME											
STREET ADDRESS	2200 ELLER DRIVE			3.3 STREE	T ADI	DRESS									
CITY-ST-ZIP	FORT LAUDERDALE FL			3.4. CITY-	ST-ZI	IP .					_				
TITLE	D		☐ DELETE	4.1 TITLE								[X] Ch	ange	Addition	
NAME	CALDERA, DONALD A			4. 2 NAME											
STREET ADDRESS	2200 ELLER DRIVE			4.3 STREET A		DRESS 1.2 !	5 W	orth A	venue	, Ste	∍ 31	4			
CITY-ST-ZIP	FORT LAUDERDALE FL			4.4 CITY-ST-ZIP		Pai	lm	Beach	FL 334	480					
TITLE	1 OTT B TO DE LOCALE		☐ DELETE	51 TITLE					_			☐ Ch	ange	Addition	
NAME				5.2 NAME		Ì					. 4				
STREET ADDRESS				5.3 STREE	TAD	ORESS									
•				5.4 CITY-5	ST-ZII	Р									
CITY-ST-ZIP TITLÉ			☐ DELETE	6.1 TITLE								☐ Ch	ange	Addition	
į.				6.2 NAME								_	-	•	
NAME	_			6.3 STREE		DRESS									
STREET ADDRESS				B .											
CITY-ST-ZIP I				6.4 CITY-	oj+-∠I	۲									

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 comporation 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

MAN () / MAN OURED ATURED OF THE PROPERTY OF T

561-833-5111

Daytime Phone #