

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

FILED  
Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # G01464 (8)  
1. Corporation Name  
THREE SEASONS CORPORATION

Principal Place of Business  
999 BRICKELL AVENUE  
SUITE 700  
MIAMI FL 33131  
US

Mailing Address  
999 BRICKELL AVENUE  
STE 700  
MIAMI FL 33131  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/27/1982

4. FEI Number  
59-2222680

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent  
HUMMERHIELM, SHARON J  
999 BRICKELL AVENUE  
SUITE 700  
MIAMI FL 33131

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	CORTRIGHT, EARLE D. JR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
999 BRICKELL AVE STE 700		1.3 STREET ADDRESS	
MIAMI FL		1.4 CITY-ST-ZIP	
SD	HUMMERHIELM, SHARON	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
999 BRICKELL AVENUE STE 700		2.1 TITLE	
MIAMI FL		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
VPD	HARDEN, DAVID M	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
999 BRICKELL AVE STE 700		3.1 TITLE	
MIAMI FL		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sharon J. Hummerhielm 1/16/98 305-579-0999  
Date Daytime Phone # 0178195

CR2E034 (1097)