

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G25419** (4)
1. Corporation Name
SEA LINK CORPORATION



Principal Place of Business

1601 S. STATE RD #7
FT. LAUD FL 33317
US

Mailing Address

PO BOX 21732
FORT LAUDERDALE FL 33335
US

3. Date Incorporated or Qualified
02/24/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **10129 W. OAKLAND PK.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **10129 W. OAKLAND PK.**
Suite, Apt. #, etc.

4. FEI Number
59-2297590

Applied For
Not Applicable

22 City & State
SUNRISE, FLORIDA

27 City & State
SUNRISE, FLORIDA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **33351** 25 Country **BURD.**

29 Zip **33351** 30 Country **BURD.**

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

**SWONK, TERENCE F.
5100 SW 104TH AVE.
COOPER CITY FL 33328**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature typed or printed below of registered agent, if applicable

Printed Registered Agent Signature required when the change is

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **SWONK, TERENCE F.**
STREET ADDRESS **5100 SW 104TH AVE.**
CITY-ST-ZIP **COOPER CITY FL 33328**

TITLE **DV** ☐ DELETE
NAME **CASTILLO, ERICK**
STREET ADDRESS **3312 NE 15TH ST.**
CITY-ST-ZIP **FT. LAUD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), 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 in an attachment with an address.

SIGNATURE: **Terence F. Swonk**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)