Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

□No

☐ Yes

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 # LI14610

1. Corporation Name SEA GULL RETIREMENT SERVICES, INC.									
Principal Place of Business	N	lailing Address				.			
1035 RIVERSIDE DR. PALMETTO FL 34221		035 RIVERSIDE DR. ALMETTO FL 34221					DO NOT WA	LITE IN THI	S SPAC
	•					3	3. Date Incorporated or Qualifer 07/31/1984	i	
2. Principal Place of Business	2a 26	. Mailing Address				4	4. FEI Number 59-2478632		
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.		_		5	5. Certifcate of Status Desired		\$8. _F
City & State	28	City & State				- 6	6. Election Campaign Financing Trust Fund Contribution	<u> </u>	\$5 A
	Country 29	Zip	30 Co	untry		8	This corporation owes the cu Personal Property Tax.	rrent year l	ntangible Ye
	Address of Current Regi	stered Agent		\Box		10	0. Name and Address of New	Registere	d Agent
WEBSTER, ROGER 1035 RIVERSIDE DR				81	Name Street	Address ((P.O. Box Number is Not Accep	table)	
PALMETTO FL 3422	1 .			83	03.				. 85
				84	City			F	ᆸᆜ
Pursuant to the provisions office or registered agent, o agent. I am familiar with, an	r both lin the State of Flor	ida. Such chande was	autnonze	o ov	the corpo	corporati oration's l	on submits this statement for th board of directors. I hereby acc	e purpose opt the app	of chang ointment
SIGNATURE Signature, typed or print	ed name of registered agent and title	e if applicable. (NO	TE: Registere	d Agen	t signature r	required wher	n reinstating)	DATE	
12.	OFFICERS AND DIR		13		ADDITIONS/CHANGES TO OFFICERS AND DIR				
TITLE PDST		☐ DELETE	1,1	TITLE					□ cı

FILED Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90037 033 ***150.00



			1 1					
			84	City		FL	-	Code
office or re	to the provisions of Sections 607.0502 and 607.150 egistered agent, or both, in the State of Florida. Suc m familiar with, and accept the obligations of, Section	ch change was autho	nzed by	tne corpo	corporation submits this statem ration's board of directors. I he	ent for the purpose of reby accept the appoi	changing it intment as r	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicat	ole. (NOTE: Reg	istered Agen	I signature re	quired when reinstating)	DATE		
12.	OFFICERS AND DIRECTOR		13.		ADDITIONS/CHANG	ES TO OFFICERS AN	ND DIRECT	ORS IN 12
TITLE	PDST	☐ DELETE	1,1 TITLE	I			Change	☐ Addition
NAME	WEBSTER, ROGER		1.2 NAME					
STREET ADDRESS	1035 RIVERSIDE DRIVE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	PALMETTO FL 34221		1.4 CITY-\$7	-ZIP				
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	2.1 TITLE				Change	Addition
NAME	•		2.2 NAME			•		
STREET ADDRESS			2.3 STREET	ADDRESS				ļ
CITY-ST-ZIP			2. 4 CITY-S	T- ZIP				
TITLE		☐ DELETE	3.1 TITLE	•			Change	Addition
NAME	The second of the second of the second of	- /	3.2 NAME *					÷· .
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY- S	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE			•	Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 \$TREE1	ADDRESS				,
CITY-ST-ZIP			4.4 CITY-ST	r-ZIP				
TITLE		DELETE	5.1 TITLE)			☐ Change	: Addition
NAME			5.2 NAME			•		
STREET ADDRESS			5.3 STREET	ADDRESS				}
CITY+ST-ZIP			5.4 CITY-S	f-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S			- 16 ml	att along the	information
14. I hereby o	certify that the information supplied with this filing do	es not qualify for the	exempti	on stated	in Section 119.07(3)(i), Florida	Statutes. I further ce	rtify that the	intormation

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

SIGNATURE: