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

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90065 046 ***150.00

DOCUMENT # H15817

SEAWORTHY DEVELOPMENT, INC.

								AN BURN BURN P	ALBIK BIBIK KODI
Principal Place of Business Mailing Address									
C/O DAVID HE		C/O DAVID HENDRY							
	STREET. SUITE #202	1323 S.E. 17TH STREET. SUITE #202				DO NOT WRIT	E IN THIS	SPACE	
FORT LAUDERDALE FL 33316-1707 FORT LAUDE			33316-1707			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						07/31/1984			}
<u> </u>	1 Decimal of the second of the	2a. Mailing Address				4. FEI Number			plied For
– '	lace of Business	<u>⊢</u> ¬				59-2532212		ot Applicable	
21	4-1-	26 Suite, Apt. #, etc.				35 23322 12		\$8.75 A	
Suite, Art.	#, etc.	<u>⊢</u>				5. Certifcate of Status Desired		Fee Re	1
22		City & State				- Finding Committee			<u> </u>
City & Stat	e	<u> </u>				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	- 1
23	Coun ry	Zip	Coun	try					o rees
Zip '¬		<u>⊢</u>		ili y		8. This corporation owes the current year Intangible Personal Property Tax.			13No
24	25	nt Registered Agent	30			10. Name and Address of New Registere 1 Agent			
	9. Name and Address of Curre	III Negistered Agent		81	Name	To. Halle Mariagress of New York	3.010.0	.5	
HEN	IDRY, DAVID								
1323 S.E. 17TH STREET, SUITE #202				82	Street A	dress (P.O. Box Number is Not Acceptable)			
	T LAUDERDALE FL	OL .	-	83		·			
100	T CAODENDALE I E			•3					
			-	84	City			85 Zip (Code
						crporation submits this statement for the p	<u> </u>		
SIGNATURE	m familiar with, and accept the oblig				signature req	(Lired when reinstating)	DATE		
12.		NI) DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	F:S IN 12
TITLE	D	☐ DELETE	1.1 T/TL	E				Change	☐ Addition
NAME	HENDRY, DAVID		12 NAM	ΜE					
STREET ADDRESS	4000 O.C. 43TH OT #000		1.3 STF	REET.	ADORESS				
CITY-ST-ZIP	FORT LAUDERDALE FL	j		1.4 CITY-ST-ZIP					
TITLE		☐ DELETE	2.1 TITL	E				Change	Addition
NAME			2.2 NAM	νE					
STREET ADDRESS			2.3 STF	REET	ADDRESS				
CITY-ST-ZIP			2. 4 CIT						
TITLE		☐ DELETE	3.1 TITI					Change	Addition
NAME			3.2 NA		ļ				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	_	<u> </u>	3.4. CIT		i				-
TITLE	<u> </u>	☐ DELETE	4,1 1111					Change	Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STF	REET	ADDRESS				
			4 4 CIT						
TITLE		☐ DELETE	5.1 ΠTI					Change	Addition
NAME	1		5.2 NAJ						
					ADDRESS				
STREET ADDRESS			5.4 CIT						
CITY-ST-ZIP			6 1 TITE					Change	Addition
TITLE			6.2 NA						
NAME	1				ADDRESS				ļ
STREET ADDRESS	!		0.3 317	SEE 1					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(3)(i), Florida Statutes. I further pertify that the information indicated on this annual report is 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 change of on an attacument with an appears with all other like empowered.

SIGNATURE:

CR2E034 (11/98)