

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

FILED
May 07 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 # H86452

(0)

1. Corporation Name

SEA CREST INVESTMENTS, INC.

Principal Place of Business

Mailing Address

% E.C. BLISS
135 OCEAN DRIVE
MIAMI BCH. FL 33139

% E.C. BLISS
135 OCEAN DRIVE
MIAMI BCH. FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1985

4. FEI Number

59-2633847

Applied For
Not Applicable

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

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLISS, E.C.
135 OCEAN DR.
MIAMI BCH. FL 33139

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 607.1508, 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

Signature typed or printed name of registered agent and if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
V	BLISS, E.C.	135 OCEAN DR	MIAMI BCH FL	
T	BLISS, AIDA	135 OCEAN DR	MIAMI BCH FL	
P	BLISS, TED	135 OCEAN DRIVE	MIAMI BCH. FL	
S	BLISS, IRENE	135 OCEAN DR.	MIAMI BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	2.4 CITY-ST-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.1 TITLE <td>4.2 NAME<td>4.3 STREET ADDRESS<td>4.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td>	4.2 NAME <td>4.3 STREET ADDRESS<td>4.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	4.3 STREET ADDRESS <td>4.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	4.4 CITY-ST-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.1 TITLE <td>6.2 NAME<td>6.3 STREET ADDRESS<td>6.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td>	6.2 NAME <td>6.3 STREET ADDRESS<td>6.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	6.3 STREET ADDRESS <td>6.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	6.4 CITY-ST-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Irene Bliss

Trene Bliss Secretary

04/28/98 (305) 672-6646

CR2E034 (10/97)