

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 23 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H87028

1. Corporation Name

SEACOMBER, INCORPORATED

Principal Place of Business

Mailing Address

1300 S. Ocean Blvd., Apt. 706
Pompano Beach, Fl 33062-6914

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/26/1985

3a. Date of Last Report
10/5/1994

2. Principal Place of Business

21 1300 S. Ocean Blvd.

2a. Mailing Address

26

22 Suite, Apt. #, etc.
Apt. 706

27 Suite, Apt. #, etc.

23 City & State

Pompano Beach, Fl

28 City & State

24 Zip

33062-6914

25 Country

USA

29 Zip

30 Country

4. FEI Number

59-2626442

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 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

Citta, Lillian
1300 S. Ocean Blvd.
Apt. 706
Pompano Beach, Fl 33062-6914

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
President
Citta, Lillian R.
1300 S. Ocean Blvd., Apt. 706
Pompano Beach, Fl 33062-6914

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
☐ Change ☐ Addition
8888881498278
-05/24/95 -01062-016
****225.00 ****225.00

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP
☐ Change ☐ Addition

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 119.07(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 on an attachment with an address.

SIGNATURE

Lillian R. Citta
LILLIAN R. CITTA, PRESIDENT

5/11/95

(305) 782-3523

Date

Signature