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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J15910

(9)

SEASPRAY OCEANFRONT RESORTS, INC.

Principal Place of Business	Mailing Address
N PHILLIP C. BOWSER 123 OCEAN AVE. PALM BEACH SHORES FL 33404	% PHILLIP C. BOWSER 123 OCEAN AVE. PALM BEACH SHORES FL 33404-5736
Principal Place of Business	2a. Mailing Address
n	26
Suite, Apt. #_etc.	Suite Apt. #. etc.

## **FILED** Aug 05 1997 8:00am Secretary of State



Principal Place of Business  Mailing Address  PHILLIP C. BOWSER  123 OCEAN AVE.  PALM BEACH SHORES FL 33404  Mailing Address  PHILLIP C. BOWSER  123 OCEAN AVE.  PALM BEACH SHORES			<b>;</b>	Date Incorporated or Qualified			
					05/22/1986	04/02/19	
	Place of Business	2a. Mailing Address			4. FEI Number 59-2694191	-	Applied For
21 Suite, Apt	# etc	Suite, Apt. #, etc.			08-2084 18 I	_ 60	Not Applicable
22	. #, etc.	27 Suite, Apr. #, etc.			5. Certificate of Status Desired		75 Additional le Required
City & Sta	ito	City & State			6. Election Campaign Financing		.00 May Be
23		28			Trust Fund Contribution	, , , , , , , , , , , , , , , , , , ,	ded to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for		ler s. 199.032,
24	[25]	29	30		110110010101110	Yes No	
DO.	9. Name and Address of Cur	rent Hegistered Agent	8	1 Name	10. Name and Address of New Re	gistered Agent	<del></del>
	WSER, PHILLIP C. 3 OCEAN AVE.		Ľ	Name	·		
	S OCEAN AVE. LM BEACH SHORES FL 33404		8:	2 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
FAN	EN SERVIT VITORED I E VOTOT		8	3			
			84	4 City		FL 85	Zip Code
SIGNATURE	Signature, typed or profited name of registered	agent and the Kapphcable	(NOTE: Registered A		poration submits this statement for the pation's board of directors. I hereby acception when reinstances	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PST BOWSER, SHIRLEY	DELETE		1		∐ Cha	nge 🔲 Addition
NAME	123 OCEAN AVE.		1.2 NAME				
STREET ADDRESS	PALM BEACH SHRS FL			T ADDRESS			
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY- 2.1 TITLE			Cha	nge Addition
NAME	BOWSER, PHILLIP	<b>—</b>	2.2 NAME	i			
STREET ADDRESS	123 OCEAN AVE			ET ADDRESS			
CITY-ST-ZIP	PALM BEACH SHRS FL		2. 4 CITY				
TITLE		☐ DELETE				☐ Cha	nge 🔲 Addition
NAME	1		3.2 NAME				
STREET ADDRESS			3.3 STREE	1 ADDRESS			
CITY-ST-ZIP		Double	3.4. CłTY				4429
TITLE		DELETE		ļ		☐ Cha	nge 🔲 Addition
NAME DEDECT APPROVA			4. 2 NAM				
STREET ADDRESS	. '			T ADDRESS			
CITY-ST-ZIP TITLE	<u> </u>	DELETE	4.4 CITY - 5.1 TITLE			Cha	nge Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			54 CITY-				
TrILE		☐ DELETE				☐ Cha	nge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY - ST - ZIP		Δ	6.4 CITY -				
	by cortifu that the information surve	A 1 10 At 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200 ( 1)		d in Section 119 07/3)(i) Florida Statute		- 1 77°

yours pring does not quality for the exemption islated in section 119.07(3)(i), Fronda Statutes. I further certify that the composition annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ecosyler or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated on this annual report I am an officer or director of the corpora appears in Block 12 or Block 13 if char ment with an address.