Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90076 046 ***150.00

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 # K52520

SEIB SE	A PRODUCTS, INC.								
Principal Place	e of Rusiness	Mailing Address					# 1000/01/10 CENT 01/10 1/00/1 #1/10 1/01/1 #6/1		
1120 S. BREVARD AVE COCOA BEACH FL 32931 US C/O DONALD M. SEIB 1120 S. BREVARD AVE. COCOA BEACH FL 32931				•			DO NOT WRITE IN THIS SPACE		
		US					3. Date Incorporated or Qualifed 12/19/1988		
2 Principal D	lace of Business	2a. Mailing Address					4, FEI Number		Applied For
21 Principal F	lace of business	26					59-2921970	⊢	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Certificate of Status Desired	•	Additional Required
City & State		City & State	ت لاتد سن				6. Election Campaign Financing	\$5.00	0 May Be
23		28					Trust Fund Contribution		to Fees
Zip 24	Country 25	Zip 29	30 Co	ountry			This corporation owes the current year Personal Property Tax.	Intangible Yes	No
. *** *	9. Name and Address of Curren						10. Name and Address of New Register	ed Agent	
				81	Name				
SEIB, DONALD M. 1120 S. BREVARD AVE				82	82 Street Add		ss (P.O. Box Number is Not Acceptable)		
COCOA BEACH FL 32931				83					
) 				84	City		F	85 Zip	Code
11 Purcuant	to the gravisions of Sections 607 050	2 and 607 1508 Florida Statu	es the	above	e-named	corpor	ration submits this statement for the nurnose	of changing it	ts registered
office or r	registered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was a	iuthorizi	ea bv	tne com	oration	's board of directors. I hereby accept the ap	pointment as r	registered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE	: Register	ed Agen	t signature	required v	when reinstating) DATE		
12.		ID DIRECTORS	13				ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	PTD	☐ DELETE	1.1	TITLE		Ţ		Change	e
NAME	SEIB, DONALD M.		1,2	NAME					1
STREET ADDRESS	A BBENDE NE		1,3	STREET	ADDRESS	;	•		- 1
CITY+ST-ZIP	COCOA BEACH FL		1.4	CITY-S1	T-ZIP				
TITLE	SD DELETE			2.1 TITLE				☐ Change	e 🗌 Addition
NAME	SEIB, NANCY A.	•	2.2	NAME					j
STREET ADDRESS	1120S. BREVARD AVE		2,3	STREET	ADDRESS	3			
CITY-ST-ZIP	COCOA BEACH FL	<u> </u>	2.4	CITY-S	T-ZIP			<u></u>	
TITLE		☐ DELETE	3.1	TITLE				☐ Change	e 🗀 Addition
NAME			3.2	NAME		1			j
STREET ADDRESS					TADORESS	;			ł
CITY-ST-ZIP				CITY-S	T-ZIP	1		Change	e
TITLE '	}	DELETE		TITLE		Ì		□ cuange	, CAOUROII
NAME			- 1	NAME		1.			[
STREET ADDRESS					ADORESS	· [`			Ţ
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NAME					ADDRESS				[
STREET ADDRESS			- 1	CITY-S		1			
CITY-ST-ZIP		☐ DELETE		TITLE	- 411	 		Change	e Addition
1	İ			NAME		1			_
NAME STREET ADDRESS	·				ADDRESS	;	•		
STATE I MODAGOO	1 ,		•			1			I

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 chapped, or on an attachment with an address, with all other like empowered. 407-476-2713

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

27 MARCH 1999