**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K64521

1. Corporation Name

CITY-ST-ZIP

SEA RAY DEVELOPMENT CORP.

Principal Place	e of Business	Mailing Address							
% MICHAEL ST	OYKA	% MICHAEL STOYKA							
4623 W. TRADEWINDS AVE.		4623 W. TRADEWINDS AVE.			20,107,110	N. T. U.O.	20405		
LAUDERDALE BY THE SEA FL 33308		LAUDERDALE BY THE SEA FL 33308				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			}
						02/09/1989			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0140486			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			5 Additional
22		27				J		Fee	Required
City & State		City & State				6. Election Campaign Financing			00 May Be
23		28				Trust Fund Contribution		Adde	ed to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the cur	rent year Inta		
24	25	29	30		<u> </u>	Personal Property Tax.		☐ Yes	□No
•	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New	Registered A	gent	
				81	Name				
STO	YKA, MICHAEL		}	82	Stroot Addre	ess (P.O. Box Number is Not Accept	ahle)		
4623 W. TRADEWINDS AVE.				82 Street Ad		sss (F.O. Box Nulliber is Not Accept	aule)		
LAUI	DERDALE BY THE SEA FL 33308	3	)	83				-	
				84	City		FL	85 Z	ip Code
44 Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statute	s, the at	ove-i	named corpo	pration submits this statement for the	purpose of	hanging	its registered
office or re	egistered agent, or both, in the State (	of Florida. Such change was au	monzea	by th	ne corporation	n's board of directors. I hereby acce	pt the appoin	tment as	registered
agent. i ai	m familiar with, and accept the obligat	libris di, Section 607.0505, Fidin	ua Siaiu	iles.					
SIGNATURE	Signature, typed or printed name of registered agen	A LOUIS OF THE PARTY OF THE PAR					DATE		—— ì
				ADONI S	sionature required	when reinstating)	DATE		
			_	Agents	signature required			D DIREC	TORS IN 12
12.	OFFICERS AN		13.		signature required	ADDITIONS/CHANGES TO OF		D DIREC	
12.	OFFICERS AN	D DIRECTORS	13.	ιE	signature required				
12. TITLE NAME	OFFICERS AN STOYKA, MICHAEL	D DIRECTORS	13. 1,1 TIT 1,2 NA	LE ME					
12. TITLE NAME STREET ADDRESS	OFFICERS AN PD STOYKA, MICHAEL 4623 W. TRADEWINDS AVE.	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI	LE ME REET A	DDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN STOYKA, MICHAEL	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	LE ME REET A Y-ST-2	DDRESS			☐ Chan	ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN PD STOYKA, MICHAEL 4623 W. TRADEWINDS AVE.	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT	LE ME REET A Y-ST-2	DDRESS				ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD STOYKA, MICHAEL 4623 W. TRADEWINDS AVE.	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA	LE ME REET A Y-ST-2 LE ME	DDRESS ZIP			☐ Chan	ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN PD STOYKA, MICHAEL 4623 W. TRADEWINDS AVE.	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA	LE ME REET A Y-ST-2 LE ME	DDRESS			☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN PD STOYKA, MICHAEL 4623 W. TRADEWINDS AVE.	D DIRECTORS  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI	LE ME REET A Y-ST-2 LE ME	DDRESS ZIP			☐ Chang	ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN PD STOYKA, MICHAEL 4623 W. TRADEWINDS AVE.	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI	LE ME REET AF Y-ST-2 LE ME REET A	DDRESS ZIP			☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD STOYKA, MICHAEL 4623 W. TRADEWINDS AVE.	D DIRECTORS  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI	LE ME REET A Y-ST-2 LE ME REET A TY-ST-	DDRESS ZIP			☐ Chang	ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN PD STOYKA, MICHAEL 4623 W. TRADEWINDS AVE.	D DIRECTORS  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA	LE ME REET AI Y-ST-Z LE ME REET AI TY-ST-	DDRESS ZIP			☐ Chang	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN PD STOYKA, MICHAEL 4623 W. TRADEWINDS AVE.	D DIRECTORS  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 ST	LE ME REET AI Y-ST-2 LE ME REET A TY-ST-	DDRESS ZIP  DDRESS ADDRESS			☐ Chang	ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD STOYKA, MICHAEL 4623 W. TRADEWINDS AVE.	D DIRECTORS  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 ST	LE ME REET A Y-ST-; LE ME REET A TY-ST- LE ME REET A TY-ST-	DDRESS ZIP  DDRESS ADDRESS			☐ Chang	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN PD STOYKA, MICHAEL 4623 W. TRADEWINDS AVE.	D DIRECTORS  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 ST 3.4 CIT 4.1 TIT	ME REET A Y-ST-2 LE ME REET A TY-ST-1 LE ME REET A TY-ST-1 LE TY-ST-1 LE	DDRESS ZIP  DDRESS ADDRESS			Chang	ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	OFFICERS AN PD STOYKA, MICHAEL 4623 W. TRADEWINDS AVE.	D DIRECTORS  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TII 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA	REET AVY-ST-2 LE MME REET A TY-ST- LE MME REET A TY-ST- LE	DDRESS ZIP  DDRESS ZIP  ADDRESS -ZIP			Chang	ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN PD STOYKA, MICHAEL 4623 W. TRADEWINDS AVE.	D DIRECTORS  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 STI	REET A  TY-ST-2  LE  ME  TY-ST-1  LE  ME  TY-ST-1  LE  ME  TY-ST-1  LE  ME  REET A  TY-ST-1  LE  ME  REET A  REET A	DDRESS ZIP  DDRESS ADDRESS -ZIP  ADDRESS			Chang	ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD STOYKA, MICHAEL 4623 W. TRADEWINDS AVE.	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TII 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 STI 4.4 CIT	REET A TY-ST-2 TY-ST-2 TY-ST-1	DDRESS ZIP  DDRESS ADDRESS -ZIP  ADDRESS			Chang	ge Addition  ge Addition  ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN PD STOYKA, MICHAEL 4623 W. TRADEWINDS AVE.	D DIRECTORS  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NV 4.3 STI 4.4 CI 5.1 TIT	LE ME REET AV Y-ST-12 LE ME REET A TY-ST-1 LE ME REET A TY-ST-1 LE AME REET A TY-ST-1 LE	DDRESS ZIP  DDRESS ADDRESS -ZIP  ADDRESS			Chang	ge Addition  ge Addition  ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD STOYKA, MICHAEL 4623 W. TRADEWINDS AVE.	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TII 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 STI 4.2 NA 5.1 TIT 5.2 NA	ME REET A Y-ST-2 LE ME REET A TY-ST-1 LE ME REET A TY-ST-1 LE LE ME REET A LE ME REET A ME	DDRESS ZIP  DDRESS ADDRESS -ZIP  DDRESS ZIP			Chang	ge Addition  ge Addition  ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN PD STOYKA, MICHAEL 4623 W. TRADEWINDS AVE.	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST	LE ME REET A Y-ST-1 LE ME REET A TY-ST- LE AME REET A TY-ST- LE AME REET A REET A REET A REET A	DDRESS ZIP  DDRESS ADDRESS -ZIP  ADDRESS ZIP  ADDRESS			Chang	ge Addition  ge Addition  ge Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME	OFFICERS AN PD STOYKA, MICHAEL 4623 W. TRADEWINDS AVE.	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 STI 4.2 NA 5.3 ST 5.4 CI 5.1 TIT 5.2 NA 5.3 ST 5.4 CI 5.4 CI 5.4 CI 5.4 CI 5.4 CI 5.5 CI 5.5 CI 5.5 CI 5.6 CI 5.7 TIT 5.7 5.7	LE  ME REET AV Y-ST-2 LE  ME REET A  TY-ST- LE  ME REET A	DDRESS ZIP  DDRESS ADDRESS -ZIP  ADDRESS ZIP  ADDRESS			Chang	ge Addition  ge Addition  ge Addition  ge Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AN PD STOYKA, MICHAEL 4623 W. TRADEWINDS AVE.	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST	LE  ME REET AV Y-ST-2 LE  ME REET A  TY-ST- LE  ME REET A	DDRESS ZIP  DDRESS ADDRESS -ZIP  ADDRESS ZIP  ADDRESS			Chang	ge Addition  ge Addition  ge Addition  ge Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AN PD STOYKA, MICHAEL 4623 W. TRADEWINDS AVE.	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 STI 4.2 NA 5.3 ST 5.4 CI 5.1 TIT 5.2 NA 5.3 ST 5.4 CI 5.4 CI 5.4 CI 5.4 CI 5.4 CI 5.5 CI 5.5 CI 5.5 CI 5.6 CI 5.7 TIT 5.7 5.7	LE ME REET A Y-ST-2 LE ME REET A TY-ST-1 LE ME REET A ME REET A TY-ST-2 LE ME REET A TY-ST-1 LE ME REET A LE	DDRESS ZIP  DDRESS ADDRESS -ZIP  ADDRESS ZIP  ADDRESS			Chang	ge Addition  ge Addition  ge Addition  ge 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 of 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 attackment with an address, with all other like empowered. SIGNATURE:

6.4 CITY-ST-ZIP

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90001 004 \*\*\*150.00