

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K81311** (8)

1. Corporation Name

SEAWARD ENTERPRISES, INC.



Principal Place of Business

Mailing Address

~~C/O PAUL M. NAPONICK~~
222 LAKEVIEW AVENUE, #800
WEST PALM BEACH FL 33401

~~C/O PAUL M. NAPONICK~~
222 LAKEVIEW AVENUE, #800
WEST PALM BEACH FL 33401

c/o Steven R. Parson

c/o Steven R. Parson

2. Principal Place of Business

21 222 Lakeview Avenue

Suite, Apt. #, etc.

22 Suite 800

City & State

23 West Palm Beach, FL

Zip

24 33401

Country

25 USA

2a. Mailing Address

26 222 Lakeview Avenue

Suite, Apt. #, etc.

27 Suite 800

City & State

28 West Palm Beach, FL

Zip

29 33401

Country

30 USA

3. Date Incorporated or Qualified

04/18/1989

3a. Date of Last Report

03/22/1995

4. FEI Number

65-0113055

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

HOMISCO INCORPORATION, INC.
222 LAKEVIEW AVENUE
SUITE 800
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
CLARK, ROBERT B
1301 S OCEAN BLVD
POMPANO BEACH FL

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP
V
CLARK, DAVID M.
1301 S OCEAN BLVD
POMPANO BEACH FL

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE

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CITY - ST - ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS
14 CITY - ST - ZIP
9607 169th Court N.
Jupiter, FL 33478

2 1 TITLE

22 NAME

23 STREET ADDRESS
24 CITY - ST - ZIP
9607 169th Court N.
Jupiter, FL 33478

3 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6 1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert B. Clark, Director

1/26/96

(407) 745-2970

CR2E034 (12/95)