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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K81311

1. Corporation Name

SEAWARD ENTERPRISES, INC.

<del> </del>							
Principal Place of Business		Mailing Address				1 :0515H1 00 (010) 1100 (110) 1100 (110) 010 (110) 010 (110)	
1735 OAKES BLVD. NAPLES FL 34119 US		1735 OAKES BLVD. NAPLES FL 34119 US			DO NOT WRITE IN THIS SPACE	_	
						3. Date Incorporated or Qualifed 04/18/1989	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				65-0113055 Not Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional		
22		27				ree Required	┥
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	28	Cou	intry		This corporation owes the current year Intangible	┪
24	25	<b>├</b> '	30	,		Personal Property Tax.	
24	9. Name and Address of Currer					10. Name and Address of New Registered Agent	$\Box$
				81	Name		Ì
CLARK, ROBERT B				82	Street A	Address (P.O. Box Number is Not Acceptable)	ᅥ
1735						4	
NAPI	LES FL 34119			83		•	-
				84	City	85 Zip Code	ㅓ
				$\perp \perp$		FL 87 EP 6000	4
office or re agent. I a	to the provisions of Sections 607.05t egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was at	uthorized	ı bv tı	ne corpor	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE:	Registered	Agent	signature req	required when reinstating) DATE	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_
TITLE	DPST	☐ DELETE	1.1 7	TLE		Change Addition	'n
NAME	CLARK, ROBERT B		1.2 N	AME			ļ
STREET ADDRESS	1735 OAKES BLVD.		1.3 \$7	TREET	ADDRESS		- {
CITY-ST-ZIP	NAPLES FL 34119			ny-st-	ZIP	☐ Change ☐ Addition	_
TITLE	V	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	""
NAME	CLARK, DAVID M.		2.2 N				
STREET ADDRESS	1735 OAKES BLVD.				NDDRESS		- (
CITY-ST-ZIP	NAPLES FL 34119	☐ DELETE		XTY-ST	- ZIP	Change Addition	n
TITLE		□ pecere	3.1 TO 3.2 N		ł		
NAME					ADDRESS		
STREET ADDRESS				T2-YTK	i		
CITY-ST-ZIP	-	☐ DELETE	4.1 TI			Change Addition	n
NAME			4.21	IAME			
STREET ADDRESS			4.3 S	TREET	ADDRESS		
CITY-ST-ZIP			4.4 C	ITY-ST-	ZIP		
TITLE		☐ DELETE	5.1 TI	ITLE		☐ Change ☐ Addition	מג
NAME			5.2 N	AME			ļ
STREET ADDRESS			5.3 S	TREET	ADDRESS		Í
CITY-ST-ZIP				ITY-ST-	ZIP		_
TITLE		☐ DELETE	6.1 Ti			☐ Change ☐ Addition	)n
NAME			6.2 N				ĺ
CTDGET APPODESS			6.3 S	TREET	ADDRESS		

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 accupate any 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 accupate with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR ROBERT B. CLARK