

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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90071 004 \*\*\*150.00

DOCUMENT # L17685

1. Corporation Name

SEALANDER MARINE, INC.

Principal Place of Business

701 BRICKELL AVE  
SUITE 2420  
MIAMI FL 33131  
US

Mailing Address

701 BRICKELL AVE  
SUITE 2420  
MIAMI FL 33131  
US

2. Principal Place of Business

21 2601 SOUTH BAYSHORE DR

Suite, Apt. #, etc.

22 SUITE 1775

City & State

23 MIAMI, FL

Zip

24 33133

Country

25 USA

2a. Mailing Address

26 2601 SO. BAYSHORE DR

Suite, Apt. #, etc.

27 SUITE 1775

City & State

28 MIAMI, FL

Zip

29 33133

Country

30 USA

9. Name and Address of Current Registered Agent

SAUNDERS, ROBERT M PA  
COURTHOUSE TOWER  
44 W FKAGKER ST 402  
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1989

4. FEI Number

65-0146524

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

SAUNDERS, ROBERT M PA

82 Street Address (P.O. Box Number is Not Acceptable)

2601 SOUTH BAYSHORE DRIVE

83

SUITE 1775

84 City

MIAMI

85

Zip Code

FL 33133

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 D ☐ DELETE

NAME SAFCHIK, JEFFREY  
STREET ADDRESS 40301 FISHER ISLAND DR.  
CITY-ST-ZIP FISHER ISLAND FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☒ Change

☐ Addition

☐ Change

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99 305 858-4225

Date

Daytime Phone #

CR2E034 (11/98)

0186264