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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L59842

1. Corporation Name
SEA BEACH MOTEL, INC.

Principal Place of Business

% GASTON COURCHESNE
19051 COLLINS AVE., #C-2
MIAMI BEACH FL 33160
US

Mailing Address

% GASTON COURCHESNE
19051 COLLINS AVE., #C-2
MIAMI BEACH FL 33160
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1990

4. FEI Number

65-0179237

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 19051 COLLINS AVE

Suite, Apt. #, etc.

27 #C-2

28 City & State

SUNNY ISLES BEACH FL

Zip

29 33160

Country

30 US

9. Name and Address of Current Registered Agent

GASTON COURCHESNE
2404 SUSAN LAKE
PEMBROKE PARK FL 33009

10. Name and Address of New Registered Agent

81 Name

GASTON COURCHESNE

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

19051 COLLINS AVE #C-2

83

84 City

SUNNY ISLES BEACH FL

85 Zip Code

33160

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

GASTON COURCHESNE

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GASTON COURCHESNE

STREET ADDRESS 2404 SUSAN LAKE

CITY-ST-ZIP PEMBROKE PARK FL

TITLE D ☐ DELETE

NAME SILVERS, ROSE

STREET ADDRESS 1167 HILLSBORO MILE #414

CITY-ST-ZIP HILLSBORO BEACH FL 33062

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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 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:

GASTON COURCHESNE

Date

4/7/99 305-932-1900

Daytime Phone #

032713

CR2E034 (11/98)