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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **M63565**

1. Corporation Name  
**SEAGULL FINANCIAL CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 1301 WEST 68TH STREET  
 E-4  
 HIALEAH FL 33014  
 US

Mailing Address  
 1301 WEST 68TH STREET  
 E-4  
 HIALEAH FL 33014  
 US

3. Date Incorporated or Qualified  
**12/11/1987**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**65-0024396**

Applied For  
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

Zip Country

Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORENO, ALICIA S.**  
~~6375 MIAMI LAKEWAY SOUTH~~ *1980 So Ocean Dr*  
~~MIAMI LAKES FL 33014~~ *Unit 216*  
*Hallandale FL 33009*

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 *Alicia S. Moreno*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PST**  DELETE  
 NAME **MORENO, ALICIA S.**  
 STREET ADDRESS **6375 MIAMI LAKE WAY SO.**  
 CITY-ST-ZIP **MIAMI LAKES FL**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS *1980 So. Ocean Drive Unit 216*  
 1.4 CITY-ST-ZIP *Hallandale FL 33009*

TITLE **VP**  DELETE  
 NAME **CONCEPCION, MERCY**  
 STREET ADDRESS **17550 NW 76 CT**  
 CITY-ST-ZIP **MIAMI FL 33015**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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: *Alicia S. Moreno* 12-1-99 (305) 356-9850  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)