## 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

## Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90007 010 \*\*\*150.00

## DOCUMENT #

1. Corporation Name

SEASIDE	E CONTRACTING, INC.								
Principal Place of Business Mailing Address						4010 <b>  </b>		314 BIB)1 BIB14 BI	<b>  </b>
% CARL F. UVARO % CARL F. UVAI									
1180 SOUTH A	1180 SOUTH ATLANTIC AVE				. DO NOT IMPLE	T IN THIS	CDACE		
COCOA BEACH	I FL 32931	COCOA BEACH FL 32931	OCOA BEACH FL 32931			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
						08/23/1988			Ţ
0.00	Land of Divisionan	2a, Mailing Address				4. FEI Number		Apr	lied For
— <b>,</b>	lace of Business	<b>⊢</b> •				59-2909931			Applicable
21   Suite, Apt.	# atc	Suite, Apt. #, etc.						\$8.75 A	
22	<b>7</b> , 010.	27			وستويء	5. Certifcate of Status Desired		Fee Rec	
City & State	e	City & State				6. Election Campaign Financing	_	\$5.00 h	May Be
23	-	28				Trust Fund Contribution		Added to	
Zip	Country	Zip	Country			8. This corporation owes the curre	nt year Inta	ıngible	
24	25	25 29 30				Personal Property Tax. Yes No			
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered /	\gent	
			81	Name					
UVARO, CARL F.			82	Street	Addres	ddress (P.O. Box Number is Not Acceptable)			
	SOUTH ATLANTIC AVENUE		Oli da 7 la di 1						
COCOA BEACH FL 32931			83	83					
			84	City				85 Zip C	ode
				'			<u>FL</u>		
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti	norizea DV	the coro	corpor oration	ation submits this statement for the j 's board of directors. I hereby accept	t the appoin	tment as reg	istered
SIGNATURE					viscosi v	when reinstating)	DATE		
12.	Signature, typed or printed name of registered ager	ID DIRECTORS	13.	ii signature	18Quileu F	ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12
TITLE	DP OF THE REAL PROPERTY.	DELETE	1.1 TITLE		T			☐ Change	Addition
NAME	UVARO, CARL F.	<del></del>	1,2 NAME						
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			T ADDRESS					
			1.4 CITY-5						
CITY-ST-ZIP TITLE	S	☐ DELETE	2.1 TITLE		1			Change	Addition
NAME	UVARO, KATHY R.	<del>-</del> ·							
STREET ADDRESS	Ovallo, Ivalia (c			TADORESS					
CITY-ST-ZIP		COCOA BEACH FL				gg en en europe	الي و فيو		<u>.</u>
TITLE	T	☐ DELETE	3.1 TITLE			-		Change	Addition
NAME	UVARO, CARL F.		3.2 NAME						
STREET ADDRESS	ALON O ATLANTIO AVE	•	3.3 STREE	T ADDRESS	1				}
CITY-ST-ZIP	COCOA BEACH FL		3.4. CITY-:	ST-ZIP					Ì
TITLE	000011 001111 01111	☐ DELETE	4.1 TITLE					☐ Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS	İ			TADDRESS					
CITY-ST-ZIP			4.4 CITY-5						
TITLE		☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME	İ		5.2 NAME						1
STREET ADDRESS			5.3 STREE	T ADDRESS					
CITY-ST-ZIP			5.4 CITY-5	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition
MANE			6.2 NAME		1				j

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 a superintent with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIPs

REQUIRED