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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # M96989

(2)

SEA TOWERS REALTY CORP.

FILED May 14 1997 8:00am Secretary of State



Principal Plac 1560 GULF BO CLEARWATER I US	ULEVARD	Mailing Address 610 BELLE ISLE AVENUE BELLEAIR BEACH FL 33788-3614 US		3. Date Incorporated or Qualified 09/01/1988 04/25/1996			
	nace of Business	2a. Mailing Address	0	٠.	4. FEI Number		Applied For
21] /555 Suite, Apt		26 /355 E . Suite, Apt. #, etc.	BAY	DK.	59-2937562	60	Not Applicable
22 SU/		27 Su 116	Н		5. Certificate of Status Desired	1 1	75 Additional se Required
City & Stat	·	City & State	FL		Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
- ^{Zip} 2 2	Country	29 33771	Count	ry	8. This corporation has liability for in		der s. 199.032,
24 27	9. Name and Address of Curre		30		Florida Statutes 10. Name and Address of New Re	Yes No	
DAG	ERTA D. KAPLAN	in negistorea Agent	8	1 Name	10. Walle allo roules of the fire	Aretered Whent	
	BELLE ISLE AVENUE		 	2 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
BEL	LEAIR BEACH FL 34634			15			
			8		UITE H		
			8	4 City	1860	FL 85	Zip Code 3377/
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statu	utes, the abo		poration submits this statement for the p		
office or i	registored agent, or both, in the State am familiar with, and accept the oblic	e of Florida. Such change was	s authorized	by the corporal	ition's board of directors. I hereby accer	ot the appointme	nt as registered
SIGNATURE	Signature lyped or printed name of registered ac	gent and title if applicable. (NC	OTE: Registered A	gent signature requi	ired when reinstating)	DATE	
SIGNATURE:	Stand we typed or ported name of registered as OFFICERS AN	gent and title if applicable. (NO	OTE: Registered A	geni signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
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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 opporation or the receives 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, oppn an attackment with an address. Lam an officer or director of the oc appears in Block 12 or Block 13 i

SIGNATURE:

813-518-94