

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M98449 (5)

1. Corporation Name
SEA TOW SOUTH PALM BEACH, INC.



Principal Place of Business
C/O ANN PORATH
12773 W. FOREST HILL BLVD., SUITE 209
WEST PALM BEACH FL 33414

Mailing Address
C/O ANN PORATH
12773 W. FOREST HILL BLVD., SUITE 209
WEST PALM BEACH FL 33414-4762

3. Date Incorporated or Qualified
09/07/1988

3a. Date of Last Report
06/28/1996

4. FEI Number
65-0076322

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 P.O. BOX 7534
Suite, Apt. #, etc.
22 City & State
23 WEST PALM BEACH, FL
Zip
24 33405
Country
25 USA

2a. Mailing Address
26 P.O. BOX 7534
Suite, Apt. #, etc.
27 City & State
28 WEST PALM BEACH, FL
Zip
29 33405
Country
30 USA

9. Name and Address of Current Registered Agent

PORATH, ANN
12773 W. FOREST HILL BLVD.
SUITE 209
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

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
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	ROSENBERGER, GLENN F.	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				1.2 NAME			
STREET ADDRESS		32 CEDAR CIR		1.3 STREET ADDRESS			
CITY-ST-ZIP		LANTANA FL		1.4 CITY-ST-ZIP			
TITLE	S	BECK, RICHARD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				2.2 NAME			
STREET ADDRESS		315 POTTER ROAD		2.3 STREET ADDRESS			
CITY-ST-ZIP		WEST PALM BEACH FL		2.4 CITY-ST-ZIP			
TITLE	V	BECK, WILL	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS		208 SUMMA ROAD		3.3 STREET ADDRESS			
CITY-ST-ZIP		WEST PALM BEACH FL		3.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE: William Beck William Beck V.P. 1/14/97 561-444-8056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)