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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000004652

1. Corporation Name

CITY-ST-ZIP

SIGNATURE:

SEASIDE PLAZA, INC.

Principal Placi	e of Business	Mailing Address			\		•	
4255 AIA S		4600 AIA S						
ST. AUGUSTINE FL 32084		STE 1000						
US		ST. AUGUSTINE FL 32084			DO NOT WRITE IN THIS SPACE			
		US			3. Date Incorporated or Qualife	d		j
1	ï				01/20/1993			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21		26			59-3162662		No	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75	Additional
22	,	27			5. Certifcate of Status Desired			equired
City & State		City & State			6. Election Campaign Financing	1 -	\$5.00	May Be
23		28			Trust Fund Contribution	, D		to Fees
Zip	Country	Zip	Count	rv	8. This corporation owes the cu	rrent year int		
24	25	<u> </u>	0	•	Personal Property Tax.		Yes	□No
24	9. Name and Address of Current		"" (10. Name and Address of New	Registered	Agent	
	J. Halle and Addiess of Cartain	regional rigorit	8	1 Name			_ <u>v</u>	
MCCLURE, GEORGE M 81 KING ST.			[_	<u> </u>				
				2 Street A	ddress (P.O. Box Number is Not Acceptable)			
SUITE A			8					
	AUGUSTINE FL 32084			3				}
31.7	AUGUSTINE I E 32004		8	4 City			85 Zip	Code
						F <u>L</u>	<u> </u>	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abo	ve-named co	orporation submits this statement for the	e purpose of	changing its	registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was aut ons of, Section 607,0505, Florid	nonzea b la Statute	y ine corpor :s.	ation's board of directors. Thereby acc	ebi iiie abboi	IIIIII GIIL AS I G	gistered
-	man man man and and and and and and and and and a							Į
SIGNATURE								
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	tegistered Ag	ent signature req	uired when reinstating)	DATE		
12.	Signature, typed or printed name of registered agent a OFFICERS AND		tegistered Ag	ent signature req	uired when reinstating) ADDITIONS/CHANGES TO C			
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12.	OFFICERS AND	DIRECTORS	13,					
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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 charges, of the authority an address, with all other like empowered. 9991,1999

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90010 050 ***150.00