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

PROFIT - " " " CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P93000009724

SEALEVEL CONSTRUCTION INC.

Principal Place of Business Mailing Address							(6) <b>61</b> (6) <b>46</b> (6) <b>10</b>	III DBIAR IBAII IAATA	11811 8181 1881
903 N NORTH LAKE DR HOLLYWOOD FL 33019		903 N NORTHLAKE DR	•					5	
US .		US				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qua 02/09/1993	ifed		
2. Principal Pl	lace of Business	2a. Mailing Address	<del></del>			4. FEI Number		Ar	oplied For
21		26				65-0388881		No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desire	d 🗓	\$8.75 Fee Re	Additional equired
City & State	Δ	City & State				6. Election Campaign Finance	ina	\$5.00	May Be
23	•	28				Trust Fund Contribution	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*	to Fees
Zip .	Country	Zip	Coun	try		8. This corporation owes the	current year	Intangible	
24	25	29	30			Personal Property Tax.	-	Yes	□No
	9. Name and Address of Curre		1			10. Name and Address of N	ew Register	ed Afgent	
			1	81 N	me				}
FERRARI, DAVID 903 N NORTHLAKE DR SECOND FLOOR		•		<b>82</b> St	reet Addre	ress (P.O. Box Number is Not Acceptable)			
			1	83		<u></u>		·	
HOLI	LYWOOD FL 33019							1227 -	
				84 Ci	ty		F	L 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida Statu	tes, the ab	ove-na	med corpo	pration submits this statement fo	the purpose	of changing its	registered
office or re	egistered agent, or both, in the State	e of Florida. Such change was a	aumonzea		COLDOLATION	ns board of directors, thereby a	iccebi nie ab	politiment as re	gistered
agent. I ai	m familiar with, and accept the oblig	ations of, Section 607.0505, Fk	orida Statu	tes.	00. p 0. a				
agent. I ai	m familiar with, and accept the oblig	ations of, Section 607.0505, Fk	orida Statu	tes.	50, p 0. 2.00,				
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, FR	orida Statu	ies.	_	when reinstating)	DATE		
agent. I a	m familiar with, and accept the oblig  Signature, typed or printed name of registered agr  OFFICERS A	ations of, Section 607.0505, Fig. ent and stile if applicable. (NOTI ND DIRECTORS	E: Registered A	tes.	_		DATE	AND DIRECTO	DRS IN 12
agent. I ai	Signature, typed or printed name of registered age  OFFICERS A	ent and title if applicable. (NOTI	E: Registered A	tes.	_	when reinstating)	DATE		
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agent, I ai SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered agreements of PD FERRARI, DAVID	ations of, Section 607.0505, Fig. ent and title if applicable. (NOTI ND DIRECTORS	E: Registered A  13.  1.1 TIT.  1.2 NAA  1.3 STR	ies. Agent sign E AE	ature required	when reinstating)	DATE	AND DIRECTO	DRS IN 12  ☐ Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90052 008 \*\*\*150.00