FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT'# 1. Corporation Name

P93000079389 (1)

SEA VIEW SKI, INC.								
Principal Place	of Business	Mailing Address				10 50 401 50 11% 1 9 6	A FILLE	
3159 NORTH HOLLYWOO		3159 NORTH 34TH ST. HOLLYWOOD FL 33021						
					3. Date Incorporated or Qualified 11/16/1993	3a. Date o 08	f Last R /14/19	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	Applied For
21 Suite, Apt. #	f etc	26 Suite, Apt. #, etc.			65-0449000			Not Applicabl
2		27 Suite, Apr. #, 810.	n ' '		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State	¬ ´		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zıp		Untry	8. This corporation has liability for in	ntangible tax i		
4	25	29	30	T	Florida Statutes Yes	_		
	9. Name and Address of Curre	rii negisterea Agent		81 Name	10. Name and Address of New Ro	agistered Ag	ent	
VANOF	I OEC CUIDI EV			l ivaine				
	Loff, Shirley Orth 34th Street			82 Street Add	ress (P.O. Box Number is Not Acceptable)			
	WOOD FL 33021			83			· 	
						····		
				84 City		FL	85 Z ₁	o Code
SIGNATURE)	Synature, typed of printed name of registered as OFFICERS (D DIRECTORS	VAN TE: Registerer 13.	GELOFF I Agent signature require	ad when remitating? ADDITIONS/CHANGES TO OFFICE	DATE CERS AND D	76 IRECTO	RS IN 12
TITLE	DST	☐ DELETE	111	HLE			Change	☐ Addition
NAME	VANGELOFF, SHIRLEY		1.2 N	į				
STREET ADDRESS	3159 NORTH 34TH ST. HOLLYWOOD FL 33021			TREET ADDRESS				
CITY-ST-ZIP TITLE	P 70000 FE 33021	DELETE	1.4 C 2 1 T	ITY-ST-ZIP			Change	☐ Addition
NAME	Vangeloff, Karil		2 1 N			U	ona-iye	L) Mudition
STREET ADDRESS	3159 NORTH 34TH ST.			TREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33021			ITY-ST-ZIP				
TITLE		☐ DELETE	3 1 1	·			Change	Add-tion
NAME			3 2 N	AME				
STREET ADDRESS			3 3 S	TREET ADDRESS				
CITY-S1-ZIP				ITY-ST-ZIP				
TITLE		☐ DELETE	4 1 T				Change	Addition
NAME etacci addingee			42 N					
STREET ADDRESS CITY-ST-ZIP				TREET ADDRESS				
TITLE		☐ DELETE	44 D	ITY-ST-ZIP			Change	Addition
NAME			5.11 5.2 N			.	ungo	
STREET ADDRESS				IREET ADDRESS				
City-S1-ZiP				TY-ST-ZIP				
TITLE.		DELETE	6.1 T				Change	Addition
NAME			6.2 N	AME				
STREET ADDRESS			6.3 \$	FREET ADDRESS				
CHTY-ST-ZIP				TY - ST - ZIP				
certify that t oath; that I	the information indicated on this ann	nual report or supplemental anno oration or the receiver or to stee	ual report i a emnowe	s true and accura	or the exemption stated in Section 119.0 ate and that my signature shall have the s is report as required by Chapter 607, Flo	same legal effi	ect as if	made under

SIGNATURE:

Servine of the PARIL VANGELOFF 4-12-94 954: 989-0433