

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000079389 (1)

1. Corporation Name  
SEA VIEW SKI, INC.

Principal Place of Business  
11 BAY COLONY LANE  
FT LAUDERDALE FL 33308  
US

Mailing Address  
11 BAY COLONY LANE  
FT LAUDERDALE FL 33308  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/16/1993

4. FEI Number  
65-0449000

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

VANGELOFF, SHIRLEY  
11 BAY COLONY LANE  
FT LAUDERDALE FL 33308

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DST  
VANGELOFF, SHIRLEY  
11 BAY COLONY LANE  
FT LAUDERDALE FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
P  
VANGELOFF, KARIL  
11 BAY COLONY LANE  
FT LAUDERDALE FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

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 incorporator 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 addition with an address.

SIGNATURE:

Shirley Vangeloff

8-1-98 954:2679777

0061326

CR2E034 (5/98)



**Florida Department Of Revenue**  
**CORPORATION INCOME/FRANCHISE AND EMERGENCY EXCISE TAX**  
**LETTER OF INQUIRY**

JANUARY 30, 1998  
 FIRST NOTICE

DR-714  
 R. 03/95

SEA VIEW SKI INC  
 3159 N 34TH ST  
 HOLLYWOOD

FL 33021-2625

FOR REVENUE USE ONLY

CANCEL ACCOUNT EFFECTIVE	____/____/____ MO DAY YR	SUB-S ACCOUNT EFFECTIVE	____/____/____ MO DAY YR
CHANGE INC. DATE TO	____/____/____ MO DAY YR	FROM	____/____/____ MO DAY YR
REINSTATE ACCOUNT EFFECTIVE	____/____/____ MO DAY YR	CHANGE PYE TO	____/____/____ MO DAY YR
ACCOUNT STATUS			
DELINQUENCY FLAG INDICATOR			
COMMENTS			

**RESPOND WITHIN TEN DAYS OF  
 RECEIPT OF THIS NOTICE.**

**F. E. I. NUMBER:** 65-0449000  
**DELINQUENT PERIOD(S):** 12/96

A review of our records indicates that you failed to file a Florida Corporation Income/Franchise and Emergency Excise Tax Return (form F-1120) for the period(s) referenced above. Generally, if you were required to file a federal return for the period in question, you were also required to file a Florida return, even if no tax is due. Please check one of the appropriate responses below and mail this notice to: Florida Department of Revenue, 5050 W. Tennessee Street, Tallahassee, Florida 32399-0135.

- I. If our records are in error and the return has been filed, please attach a copy of the completed and signed return (including form F-7004 if an extension of time for filing has been granted) and a copy of the front and back of the cancelled check if applicable; and complete the following:

Name on Return \_\_\_\_\_

F. E. I. Number (If Different) \_\_\_\_\_ Date Filed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 MO DAY YR

- II. If you were not required to file a return, please indicate why:

- |  |   |
|--|---|
| <input type="checkbox"/> Business Closed ____/____/____<br>MO DAY YR   | <input type="checkbox"/> Date Incorporated ____/____/____<br>MO DAY YR  |
| <input type="checkbox"/> Attach copy of Tax Exempt<br>Determination letter from I. R. S.   | <input type="checkbox"/> S Corporation - Please attach a copy of initial F-1120<br>and the first 4 pages of federal form 1120S. |
| <input type="checkbox"/> Homeowners Association - Please<br>attach a copy of initial F-1120 and<br>Page 1 of federal form 1120H. | <input type="checkbox"/> Consolidated Filer - Attach an Affiliations Schedule<br>F-051 or federal form 051.                     |
| <input checked="" type="checkbox"/> Other <u>NO ACTIVITY FOR F-1120 IN 1996.</u>   |   |

- III. If you have not filed, please attach the F-1120 and supporting federal return to this notice and mail to the Department. To request an F-1120, please call 904-488-6800, or Florida toll free 1-800-FLA-DOR1 (1-800-352-3671); Monday - Friday, 8 a.m. to 5 p.m., E. T. : Get form F-1120 (document #2005) fast. Call 904-922-3676 from your fax machine telephone and follow the simple instructions.

If you have any questions, please contact the Department at:

904-488-4454

Failure to respond will result in further Collection and Enforcement activity.

2-23-98  
 DATE

David F. Lee  
 SIGNATURE OF INDIVIDUAL PROVIDING INFORMATION

C.P.A.  
 TITLE

734-462-6161  
 TELEPHONE #