

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90230 033 \*\*\*150.00

14-201100

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P94000000446**

1. Corporation Name  
**SEA GRAPE INVESTMENTS, INC.**

Principal Place of Business  
 3049 N.E. 163RD ST.  
 N MIAMI BEACH FL 33160

Mailing Address  
 3049 N.E. 163RD ST.  
 N MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/23/1993**

4. FEI Number **65-0458500**  
 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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **2100 Park Central Blvd. N.**  
 Suite, Apt. #, etc. **Suite 900**  
 City & State **Pompano Beach, FL**  
 Zip **33064** Country **USA**

2a. Mailing Address  
 26 **2100 Park Central Blvd. N.**  
 Suite, Apt. #, etc. **Suite 900**  
 City & State **Pompano Beach FL**  
 Zip **33064** Country **USA**

9. Name and Address of Current Registered Agent

**THEODORE J KLEIN, ATTY**  
**88 NE 168 ST**  
**N. MIAMI BCH., FL 33162**

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  DELETE

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SREDNI, ERWIN	
STREET ADDRESS	2875 NE 191 ST PH1	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	SREDNI, ISAAC	
STREET ADDRESS	2875 NE 191 ST PH1	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-99** **954-971-3339**  
 Date Daytime Phone #

CR2E034 (11/98)