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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

## P95000031794 (7) **DOCUMENT #**

LAND & SEA CONSTRUCTION, INC.

Principal Place of Business				
2200 N FEDERAL HWY STE. 228C BOCA RATON FL 33431	2200 N FEDERAL HWY., STE. 228C BOCA RATON FL 33431			N.
		3. Date Incorporated or Qualified 04/20/1995	3a. Date of Last Report	
Principal Place of Business     1	2a. Mailing Address 26	\$50058103	3	Applied For Not Applica
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be

30

Zip

29

KELLEY, THOMAS C 2200 N FEDERAL HWY., STE. 228C **BOCA RATON FL 33431** 

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Country

9. Name and Address of Current Registered Agent

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		Contribution		-	5.00 May Be dded to Fees
ountry	8. This corpor Florida Stal	ration has liability for in lutes	ntangible ta	c und	ers 199.032,
T	10. Name and	Address of New R	egistered A	gent	<del></del>
81	Name				
82	Street Address (P.O. Box Nun	nber is Not Acceptabl	e)		
83		·			
84	City		F1	85	Zip Code

Applied For Not Applicable

11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes

or register familiar wit	ed agent, or both, in the State of Florida. Such change was authorized buth, and accept the obligations of. Section 607.0505, Florida Statutes.	by the corporation's	board of directors. I hereby accept the appointment as registered agent. I am					
SIGNATURE _								
Signature, typed or printed name of registered agent and trie if applicable (NOTE: Registered Agent argusture required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
THILF	Prosident/ScyTress DELETE	1. 1 TITLE	☐ Change ☐ Addition					
NAME	THOMAS C. Lelley	1.2 NAME						
STREET ADDRESS	47 mE. 11 Way	1.3 STREET ADDRESS						
CITY-ST-ZIP	THOMAS C. Kelley  47 75 1/ Way  Decre 44 3 each F/3344/	1.4 CITY-ST-ZIP						
TITLE	✓ □ DELETE	2 1 TITLE	☐ Change ☐ Addition					
NAME		2.2 NAME						
STREET ADDRESS		2 3 STREET ADDRESS						
C(1Y - S1 - ZIP		2 4 CiTY - ST - ZIP						
THLE	DELETE	3. 1 TITLE	☐ Change ☐ Addition					
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS						
CITY - ST - ZIP		3 4 CITY - ST - ZIP						
DILE	DELETE	4. 1 TITLE	Change Addition					
NAME		4 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY - ST - ZIP						
TITLE	☐ DELETE	5 1 TITLE	☐ Crange ☐ Addition					
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CiTY-ST-ZiP		5.4 DITY-ST-ZIP						
TITLE	☐ DELETE	6. 1 TITLE	☐ Change ☐ Addition					
NAMÉ		6.2 NAME						
STREET ADDRESS		6.3 STREET ADDRESS						
CITY - ST - ZIP		6.4 CITY - ST - ZIP						

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** 

AME OF SIGNING OFFICER OR DIRECTOR