SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEP AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RE

PROFIT CORPORATION ANNUAL REPORT

1998

SEAWAY MARKETING, INC.

DOCUMENT #
1. Corporation Name



P95000035717 (4)

FLORIDA DEPARTMEN

Sandra B. Morf

Secretary of Sta DIVISION OF CORPO BER 30, 1998. TE: \$750).

STATE

rions

FILED Jul 22 1998 8:00am Secretary of State

|--|

Principal Place of Business Mailing Address								E LEBRISONE (IN IRIAN BINN BRINN BRINN BRINN BRINN	(06100 1)(0 (0 (1))	
2830 OAKRIDGE CT PALM HARBOR FL 34685 US				2830 OAKRIDGE CT PALM HARBOR FL 34685 US				DO NOT WRITE IN	≀THIS SPACE	
								3. Date Incorporated or Qualified	3. Date Incorporated or Qualified	
								05/01/1995		
2. Principal Place of Business 2a. Mailing Address								4. FÉI Number	Applied For	
21				26				59-3314755	Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					\$8.75 Additional	
22				27				5. Certificate of Status Desired	Fee Required	
City & State				City & State				6. Election Campaign Financing	_ \$5.00 May Be	
23				28				Trust Fund Contribution	Added to Fees	
Zip Country				Zip Country				8. This corporation owes or has paid th		
4			29					Personal Property Tax due June 30.	14	
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent			
TORRENACE, ALFRED W JR						81 Name				
6645	5 rid ge roa	D					Street Ad	idress (P.O. Box Number Is Not Acceptable)		
POR	t riohey fl	_ 34668								
	•					63				
						84	City		- 85 Zip Code	
									FL	
11. Pursuant	to the provision	ons of sections 607.6	0502 and 60	7.1508, Florida Statute	s, the ab	QVO-	named corp	poration 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 agent. I am familiar with accept the obligations of, section 607.0505, Florida Statutes.										
SIGNATURE Vandel Journ								<u> </u>	-14-98	
	Signature, typed or	printed name of registered				A bene	gent signature r	,	DATE	
12.		OFFICERS	AND DIREC		13.			ADDITIONS/CHANGES TO OFFICE		
TITLE	D	5414		DELETE	1.1 TI				L_J Change L Addition	
NAME	BERNARD, PAUL			1.2 NA					ĺ	
STREET ADDRESS 2830 OAKRIDGE CT				1.3 STRE					Ţ	
CITY-ST-ZIP	PALM HAR	BOH FL				I.4 CITY-ST-ZIP				
TITLE	D	0=041 D C		DELETE	2.1 Tr				Change Addition	
NAME	BEHAYLO,		1		1	2.2 NAME				
STREET ADORESS							ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL			2.4 CI			ZIP			
TITLE	D			L DELETE	3.1 TI				Change Addition	
NAME		LEONARD W		3.2 NA					1	
STREET ADDRESS	2830 OAKF						ADDRESS			
CITY-ST-ZIP	PALM HAR	BOK FL			3.4 C		ZIP			
TITLE] DELETE	4.1 11	-	1		Change Addition	
NAME	~				4.2 N				1	
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP				<u> </u>	4.4 CI		ZIP			
TITLE				☐ DELETE	5.1 TI				Change Addition	
NAME					5.2 N/				j	
STREET ADDRESS					1		ADDRESS		ł	
CITY-ST-ZIP					5.4 Cf		ZIP			
TITLE				DELETE	6.1 Tf				Change Addition	
NAME					6.2 N		İ			
STREET ADDRESS					6.3 ST	REET	ADDRESS			

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.

6.4 CITY-ST-ZIP

7-14-99