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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000045289 (2)

SEWALL'S POINT OFFICE PLAZA, INC.

FILED
Mar 04 1997 8:00am
Secretary of State

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	ce of Business EAN BOULEVARD	Mailing Address 3725 S.E. OCEAN BOULEVARD							
Suite 201 Stuart FL 34		SUITE 201				3. Date Incorporated or Qualified	3a. Date		Report
2. Principal f	Place of Business	2a, Mailing Address				06/02/1995 4. FEI Number	05/01/		pplied For
1		26				65-0590296			ot Applicable
Suite, Apt 2	t #, etc.	Suite, Apt. #, etc. 27 City & State			6. Election Campaign Financing			5.75 Additional Fee Required 5.00 May Be	
City & Sta	ate								
Zip	Country	Zip	Cou	intry	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for in	tangible ta	under s	. 199.032,
4	25	29	30				Yes 🔲		
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Reg	istered Ag	ent	
	PKO, JAMES			81	Name				
2307 S.E. MONTEREY ROAD STUART FL 34998				82 Street Address		ess (P.O. Box Number is Not Acceptabl	e)		
510	OAH 12 04300			В3					
				84	City			B5 Zip	Code
					-	oration submits this statement for the pu ion's board of directors. I hereby accept			
BIGNATURE 2.	Soprature Typica No. (cod name of registered	Tage Languelle if applicable (a AND DIRECTORS	(NOTE: Registered	d Agen	t signature require	ed when reinslating)	DATE	BECTO	RS IN 12
						ADDITIONS/CHANGES TO OFFICE	EUS AND D	WILCH OF	107 114 14
HLE	P	DELETE	1.1 Tr	TLE		ADDITIONS/CHANGES TO OFFICE		Change	
	LESTER, DAVID J					ADDITIONS/CHANGES TO OFFICE			
AME	3725 SE OCEAN BLVD., SU		1.1 TF 1.2 NA	AME	NODAESS	Additions/changes to office			
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14. I do hereby certify that the information supplied with this filling 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 or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.3.97

561-220-2690 Daytime Phone #

0472318