

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Apr 28 1998 8:00am  
Secretary of State

DOCUMENT # P96000000486 (6)

1. Corporation Name

SEALORD'S LODGE, INC.



Principal Place of Business

Mailing Address

701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131

701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 621 S. Federal Hwy  
Suite Apt. #, etc. Suite 9

22 City & State Ft. Lauderdale FL

23 Zip 33301 Country USA

24

2a. Mailing Address

26 621 S. Federal Hwy  
Suite Apt. #, etc. Suite 9

27 City & State Ft. Lauderdale FL

28 Zip 33301 Country USA

29 30

3. Date Incorporated or Qualified

01/03/1996

4. FEI Number

65-0669466

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$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

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE  
SUITE 8000  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Daniel Ehmke

82 Street Address (P.O. Box Numbers Not Acceptable)

621 S. Federal Hwy, #9

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33301

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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

4/21/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP  
STREET ADDRESS SCHULZ, GOTTFRIED  
CITY-ST-ZIP 800 S.E. 18TH STREET, APT. 4  
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME T  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

CR2E034 (10/97)