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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90204 041 ***150.00

DOCUMENT # 1. Corporation Name	P96000001059
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HOUSE BY THE SEA INVESTMENT, INC.

	Fig. and December 1967 and a subject to the subject				
Principal Place	e of Business	Mailing Address			F 1887198) tra saint aith obin obin obin dans dans saint saint saint saint
10200 GULF BLVD. 10200 GULF BLVD. TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed
					01/04/1996
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0751870 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country 25	Zip 30	Country	<i>y</i>	8. This corporation owes the current year Intangible Personal Property Tax.
	9. Name and Address of Currer		-1		10. Name and Address of New Registered Agent
			81	Name	
SCHILTE, FRANK SR. 10200 GULF BLVD. TREASURE ISLAND FL 33706				82 Street Address (P.O. Box Number is Not Acceptable)	
			82		
			83		
			84	City	FL 85 Zip Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was auth	norized by	the corpo	corporation submits this statement for the purpose of changing its registered rration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agei	ot and title if applicable (NOTE R	acistered Age	ent signature re	equired when reinstating) DATE
			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
		1.2 NAME	,		
STREET ADDRESS	10200 GULF BLVD.		1.3 STREE	T ADDRESS	

TREASURE ISLAND FL 33706 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[No 199 - 727-360 1459

CR2E034 (11/98