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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000014361 1. Corporation Name

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90005 045 ***150.00

SEA SIL	JK SAIVIS SALUUN, INC.								
Oringinal Play	ce of Business	Mailing Address				-	BOOK HOUR BLAN		
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8589 S US 1 PORT ST LUC	IE FL 34952	8589 S US 1 PORT ST LUCIE FL 3495	2						
						DO NOT WRITE IN T	HIS SPACI	E	
						3. Date Incorporated or Qualifed			
•						02/15/1996			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		App	lied For
21		26	•			65-0645481			Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Ac e Req	Iditional .
22 City & Sta	te .	City & State				= 16		 	
23		28				6. Election Campaign Financing Trust Fund Contribution		.00 N Ided to	
Zip	Country	Zip	Cou	ntrv		This corporation owes the current year		ided id	1 663
24	25	29	30			Personal Property Tax.	Yes	s 15	No
	9. Name and Address of Current	t Registered Agent	1001			10. Name and Address of New Register	red Agent	•	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Q 13 St. 475 \$		81	Name	•			-
PRIC	CE, ERIC M			82 5	Street Addre	es (P.O. Box Number is Not Accentable)			
250 AUSTRALIAN AVE S, 12TH FL				82 Street Address (P.O. Box Number is Not Acceptable)					
WE	ST PALM BEACH FL 33401			83		1.67 E. 18 使的复数形式	71		
				84 (City	1.5 4.72 + 7.306 (15. 888) 325 1.50(6.) 1.00-20 1.00-20 1.00 (20.)	85	Zip Co	11호 기호: 16호 18호 - 18호
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· · · · · · office or i	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was :	authorized	l by the	e corporation	ration submits this statement for the purpose of s board of directors. I hereby accept the ap	e or changir ppointment	as regi	stered
SIGNATORE	Signature, typed or printed name of registered agent	rand title if applicable. (NOT	E: Registered	Agent sig	gnature required	when reinstating) , (1) DATE			
12.	. OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOR	S IN 12
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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:

561-340-1177 Daytime Phone #