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PROFIT CORPORATION ANNUAL REPORT 1999



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	FLORIDA DEPARTMENT OF STATE Katherine Harris	Apr 22, 1999 8:00 an
	Secretary of State DIVISION OF CORPORATIONS	Secretary of State 04-22-1999 90070 041 ***150.00

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WEDDINGS BY THE SEA, INC.			-			
Principal Place of Business Mailing Address						10019 1191 1001
2312 N.E. 6TH AVE. 52 WEST OAKLAND PARK BOU	ULEVARD					
SUITE 118		~ .	DO NOT WRIT	TE IM TUIC	CDACE	
WILTON MANORS FL 33305 WILTON MANORS FL 33311	~) / - -	Do NOT WRITE DO NOT	E IN THIS	SPACE	
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O. Mailler Add			02/23/1996 4. FEI Number		1 1 4	oplied For
2. Principal Place of Business 2a. Mailing Address		•				ot Applicable
21 2 3 1 2 N = C a 26 Suite Apt. #, etc. Suite, Apt. #, etc.			65-0675623			Additional
			5. Certifcate of Status Desired		•	equired
22 No. Surza Nums en 27 City & State City & State		•	& Election Compaign Financing			
			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip Country Zip	Country			ant wass Into	_	10 1 003
24 33365 25 USA 29 30	, ´		8. This corporation owes the curre Personal Property Tax.	on year mia	angibie ∐Yes	ΣKNο
9. Name and Address of Current Registered Agent			10. Name and Address of New R	egistered A		77
5. Italiie and Address of Current Registered Agent	81	Name	io. Hame and Addiese of 1468 It	_ gs. va r		
JAMES, CHARLES						
52 WEST OAKLAND PARK BOULEVARD	82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		Ì
SUITE 118	83			·····	-	
WILTON MANORS FL 33311	3				-	
MILION IMPROVATE GOOT	84	City		FL	85 Zip	Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, to office or registered agent, or both, in the State of Florida. Such change was authoragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida 	the above- orized by the Statutes	named corpo he corporatio	oration submits this statement for the on's board of directors. I hereby accep	purpose of the appoin	changing its ntment as re	registered egistered
SIGNATURE SIGNAT	gistered Agent		d when reinstating)	DATE DATE	-/99	
SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS NOTE: Reg	gistered Agent :		_	DATE DATE	D DIRECTO	DRS IN 12
SIGNATURE SIGNATURE Signature Typed of posted hame of registered agent and title if applicable. (NOTE: Reg 12. OFFICERS AND DIRECTORS TITLE D DELETE	13.		d when reinstating)	DATE DATE	-/99	
SIGNATURE Signature. Vipod of public Transitioned eigent and title if applicable. (NOTE: Reg 12. OFFICERS AND DIRECTORS TITLE O D DELETE NAME JAMES, CHARLES	gistered Agent : 13. 1.1 TITLE 1.2 NAME	signature required	d when reinstating)	DATE DATE	D DIRECTO	DRS 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.

IGNING OFFICER OR DIRECTOR

SIGNATURE:

954 528.0518