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PROFIT -CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000024986

SEAGAL, INC.

Mailing Address Principal Place of Business

6037 N. BRIARFOREST ROAD

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90040 046 ***150.00



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NEPTUNE BEAC	H FL 32266	JACKSONVILLE FL 32277		•	DO NOT WRITE	IN THIS SPACE		_
US					3. Date Incorporated or Qualifed 03/15/1996			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	 	Applied For	5
21		26			59-3366550		Not Applicable	1800083
Suite, Apt. #	≠, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional Required	1
22		City & State		•	6. Election Campaign Financing	\$5.0	0 May Be	1
City & State	•	28		•	Trust Fund Contribution	1 1	d to Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes the curren	t year Intangible	•	
─ `	25	29	30		Personal Property Tax.	☐ Yes	□No	
24	9. Name and Address of Curren		1321	···	10. Name and Address of New Re-	gistered Agent		_
	5. Name and Addition	V4.1333437		81 Name			•	
CLAN	ICE, WAYNE D ESQ.			00 01 11 4 4	dress (P.O. Box Number is Not Acceptable	(a)		┪
S 6353	-2 ARGYLE FOREST BLVD.		[82 Street Add	press (P.O. Box Number is Not Acceptable	en e sere com en en e.	cine, emilem hijiy isais	
	(SONVILLE FL 32244	•	-	83				
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-				84 City		FL		
Angelon Farin	to the provisions of Sections 607 050	2 and 607 1508. Florida Statu	tes, the ab	ove-named cor	poration submits this statement for the pr	urpose of changing	its registered	7
office or n	egistered agent, or both, in the State	of Florida. Such change was a	uthorized	by the corporat	poration submits this statement for the pition's board of directors. I hereby accept	the appointment as	registered	
ଧ୍ୟ agent. I ai	m familiar with, and accept the obliga-	lions of, Section 607.0505, Fig	rida Sialu	les.				Ì
SIGNATURE						DATE		
0.0	The second page of the second page	t and title if applicable /NOTI	Registered A	Agent signature requir	red when reinstating), 15% 1%			⊒ ה
	Signature, typed or printed name of registered ager		E: Registered /	Agent signature requi	red when reinstating),以近 ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	TORS IN 12	6
12.	OFFICERS AN	t and title if applicable. (NOTI D DIRECTORS DELETE			ADDITIONS/CHANGES TO OFFI		TORS IN 12	(11)98)
12.	OFFICERS AN	D DIRECTORS	13.	LE	red when reinstating), 数据5 ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	TORS IN 12 ge	34 (11/98)
12. TITLE NAME	OFFICERS AN D JACK, EDWARD H.	D DIRECTORS	13. 1.1 TITS 1.2 NAV	LE	ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	TORS IN 12 ge Addition	E034 (11/98)
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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, with all other like empowered.