Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90050 038 \*\*\*150.00

## 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** 

## DOCUMENT # P9600034207

1. Corporation Name

SEA-RENITY HOUSE, INC.

	, , , , , , , , , , , , , , , , , , ,			
Principal Place	e of Business	Mailing Address		I 100/1001 ITO FOTIO BAILL DOSAL DOTAL CONTROLOGIST DINCO ICALI DOLLI (BRIL TRAL
-		1930 BAY DRIVE B		•
		MIAMI BEACH FL 33141	_ ~	
US		US		DO NOT WRITE IN THIS SPACE
	· ·.	•		3. Date Incorporated or Qualifed 04/18/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0660908 Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additional
27			Fee Required	
City & State City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible  Personal Property Tax.   Yes  No
24	25	29 3	0	Personal Property Tax. LJ Yes LJ No  10. Name and Address of New Registered Agent
	9. Name and Address of Curr	rent Registered Agent	81 Nan	
LΔN	G, BETH		oi itali	ane
	) BAY DRIVE B		82 Stre	reet Address (P.O. Box Number is Not Acceptable)
	MI BEACH FL 33141		83	
*****			%	<b>ं</b>
	•		84 City	FL 85 Zip Code
44 5		Eng and CO7 4500 Elevide Statutos	the shove-name	med corporation submits this statement for the purpose of changing its registered
office or r	agistored agent or both in the Sta	to of Florida. Such change was aut	horized by the co	corporation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505, Florid	la Statutes.	
SIGNATURE		MOTE: D	agistared Agent signat	nature required when reinstating) DATE .
12.	Signature, typed or printed name of registered	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	Change Addition
NAME	LANG, BETH	_	1.2 NAME	
STREET ADDRESS	1930 BAY DR, B		1.3 STREET ADDRE	RESS
	MIAMI BEACH FL 33141		1.4 CITY-ST-ZIP	· 1
CITY-ST-ZIP	THE STATE OF THE S	☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRE	RESS
CITY-ST-ZIP	• • • • • • • • • • • • • • • • • • • •		2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	,		3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRE	PRESS
CITY-ST-ZIP			3.4. CITY-ST-ZIP	,
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRÉ	PRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	, , ,		5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRE	RESS .
C/TY-ST-ZIP	1 4		5 4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	_
STREET ADDRESS	<u>'</u> .		6.3 STREET ADDRE	RESS
			64 CITY, ST. 7ID	, {

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 open attachment with an address, with all other like empowered.

SIGNATURE: