

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra S. Northing
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065188

1. Corporation Name

SEAGULL VENTURES, INC.

Principal Place of Business

Mailing Address

C/O PENINSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BLVD. STE. 4074
MIAMI FL 33131

C/O PENINSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BLVD. STE. 4074
MIAMI FL 33131-0330

FILED
May 20 1997 8:00am
Secretary of State

2. Date Incorporated or Qualified 8/5/96 3a. Date of Last Report

21. Principal Place of Business 21 200 South Biscayne Blvd. Suite, Apt. # etc Suite 2410 22 City & State 22 Miami, Florida 23 Zip 23 33131	26. Mailing Address 26 200 South Biscayne Blvd. Suite, Apt. # etc 2410 27 City & State 27 Miami, Florida 28 Zip 28 33131	4. FEI Number 65-0698909 Ancient For Not Applicable 5. Certificate of Status Desired ☐ \$0.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. This corporation has liability for income tax under s. 192-132 Florida Statutes ☒ Yes ☐ No
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8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENINSULA REGISTERED AGENTS INC.
200 S. BISCAYNE BLVD.
SUITE 4074
MIAMI FL 33131

81 Name PLC INVESTMENTS INC 82 Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BLVD 83 SUITE 2410 84 City MIAMI FL 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1505 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the account as registered agent. I am familiar with and accept the obligations of Section 607.1505, Florida Statutes.

SIGNATURE *Julia Nietzer as Secretary for PLC Investments Inc 5/4/97*

22. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE D. NIETZER Nietzer, Julie 200 S. Biscayne Boulevard Miami, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	21. TITLE 21. NAME 21. STREET ADDRESS 21. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	22. TITLE 22. NAME 22. STREET ADDRESS 22. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	23. TITLE 23. NAME 23. STREET ADDRESS 23. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	24. TITLE 24. NAME 24. STREET ADDRESS 24. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	25. TITLE 25. NAME 25. STREET ADDRESS 25. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	26. TITLE 26. NAME 26. STREET ADDRESS 26. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	27. TITLE 27. NAME 27. STREET ADDRESS 27. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	28. TITLE 28. NAME 28. STREET ADDRESS 28. CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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. 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.

SIGNATURE *Julia Nietzer* PRESIDENT 5/20/97 305-371-
CS 5/20/97