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FILED

Apr 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000070689 (0)

1. Corporation Name

SEA AIR OF LEE COUNTY INC

Principal Place of Business

5101 YORK CT.  
CAPE CORAL FL 33904

Mailing Address

5101 YORK CT.  
CAPE CORAL FL 33904-5638



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

Country

3. Date Incorporated or Qualified

08/22/1996

3a. Date of Last Report

N/A

4. FEI Number

65-0690483

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

KOWALCZYK, DAVID  
5101 YORK CT.  
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P

1.2 NAME

DAVID KOWALCZYK

1.3 STREET ADDRESS

5101 YORK CT

1.4 CITY - ST - ZIP

CAPE CORAL FL 33904

2.1 TITLE

V

2.2 NAME

KATHLEEN KOWALCZYK

2.3 STREET ADDRESS

5101 YORK CT

2.4 CITY - ST - ZIP

CAPE CORAL FL 33904

3.1 TITLE

S

3.2 NAME

MARC KOWALCZYK

3.3 STREET ADDRESS

3014 SANTABARBARA BLVD

3.4 CITY - ST - ZIP

CAPE CORAL FL 33914

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

David Kowalczyk

DAVID KOWALCZYK

3/28/97

941-542-8002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)