Apr 22, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000102853

1. Corporation Name

FANTA-SEA ASSOCIATES, INCORPORATED

Principal Place	e of Business	Mailing Addre	ess					,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
6425 S.W. 83 S	STREET	P.O. BOX 490)295	•					,	
MIAMI FL 33143			KEY BISCAYNE FL 33149				DO NOT WRITE IN THIS SPACE			
		US				3 Date	Incorporated or		17110 017102	
	•					l l	20/1996	Qualifed		
2. Delevine D	tace of Business	2a. Mailing A	ddraec			4. FEI			7.1	Applied For
— ·	lace of business	26	dd: 63 3			1	0723039		↓↓	Not Applicable
Suite, Apt.	# etc	Suite, Apt	t # etc.				· · · ·			5 Additional
	m, etc.	27	,			5. Certi	fcate of Status D	esired	•	Required
City & State	le le	City & St	ate			6. Flec	tion Campaign F	inancino	\$5.0	0 May Be
23		28					t Fund Contributi			d to Fees
Zip	Country	Zip	1-5	Count	ry	8. This	corporation owe	s the current ve	ar Intangible	
24	25	29	3	. o			onal Property Ta	-	☐Yes	□No
	9. Name and Address of Curi						ie and Address		ered Agent	
		<u> </u>	144	8	1 Nam				-	
	LER, JOHN F			-	2 Stree	et Address (P.O. B	ov Number is No	ot Acceptable)		
6425	5 S.W. 83 STREET			l°	2) Stree	et Address (P.O. b	OX NUMBER IS INC	n Acceptable)	;)
MIAI	MI FL 33143			8	3					
									11-	
		•		8	4 City				FL 85 Z	ip Code
11 Dureuant	to the provisions of Sections 607.0	0502 and 607 1508 F	Jorida Statutes	the abo	ve-name	ed corporation sub	mits this stateme	nt for the purpo	se of changing	its registered
office or r	registered agent or both in the Sta	ate of Florida, Such d	hanne was auti	boazea c	iv the co	poration's board o	of directors. I her	eby accept the	appointment as	registered
agent. I a	am familiar with, and accept the obl	igations of, Section 6	107.0505, Florid	ia Statute	95.					
SIGNATURE	Signature, typed or printed name of registered									
			/NOTE: B	lanistered Ac	sent signatu	e required when reinstation	na)	DA	TE	·}
12			(NOTE: R		ent signatu	e required when reinstation ADDI	ng) TIONS/CHANGE			TORS IN 12
12.	OFFICERS	AND DIRECTORS		13.		e required when reinstation	ng) TIONS/CHANGE			
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP