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

PRQFIT CORPORATION . **ANNUAL REPORT**

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000023792 (9)

SEA 'N LAND OF THE PALM BEACHES, INC.

FILED Jan 26 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailing\Address		T ADDRAGOUS AID THIS INDEA ORAS DURAS BOSES DESIGN STRATE CONTRACTOR TO SERVICE STRATE THE)
7249 CATALINA ISLE DRIVE LAKE WORTH FL 33467		7249 CATALINA ISLE DRIVE LAKE WORTH FL 33467			
				DO NOT WRITE IN THIS SPACE	
	•			3. Date Incorporated or Qualified	
8 Principal C	Place of Business	Do Mailing Address		03/17/1997 4. FEI Number X Applie	
21 ///5	No Foder Hwy			Not Ap	plicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Dosired \$8.75 Addi	
City & Stat	10	City & State		6. Election Campaign Financing \$5.00 May	
23 BOY	MON Beach	28		Trust Fund Contribution Added to Fe	•
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangi	ible
24 337	133 25 P.B. (OUNTY	29 3	10	Personal Property Tax due June 30. 🔀 Yes 🔲 No	ɔ
	Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
	ELUCA ALFRED X		81 Name	lichael Deluca	
	49 CATALINA ISLE DRIVE		82 Street A	Address (P.O. Box Number is Not Acceptable)	
LA	KE WORTH FL 33467		83	Wor Beech	
	·		84 City	RE Zin Code	е
				FL 133 %	35
11. Pursuant office or i	to the provisions of S ections 607,0502 registered agent, or both, in the State o	and 607 1508, Florida Sta tutes f Florida. Such change was au	s, the above-named of thorized by the corp	corporation submits this statement for the purpose of changing its re- poration's board of directors. I hereby accept the appointment as regi	gistered istered
	am familiar with, and accept the obligati	ions of, Soction 607.0505, Flori	da Statutos.		
SIGNATURE	Mechan le	Luca 1	Michael	Deluca /- 12-98 required when reinstating) DATE	
12.	Signature Repeat or printed name of registered agent OFFICERS AND		1 1 2	ADDITIONS/CHANGES TO DEFICEDS AND DIRECTORS IN	(12
TITLE	D	DITECTORS	11 10116	Pres/sect/Tres Minacl Ocluca 1115 No. Feberal UNY Boy Mon Beach, F1. 33 435	Addition
NAME	DELOGA, ALFRED		1.2 NAME	Michael Deluca	,
STREET ADDRESS	7249 CATALINA ISLE DRIVE		1.3 STREET ADDRESS	1115 NO Federal LANY	
CITY-ST-ZIP	LAKE WORTH FL 33467	1. July	14 CITY-ST-7IP	BOUNTON BOOK F1. 23455	
TITLE		COS/SOUTH BILLIE	2.1 DITLE	☐ Change ☐	Addition
NAME	Michael De 1115 No Federal H	, use	2.2 NAME		
STREET ADDRESS	1115 Notes aral U	wy	2 3 STREET ADDRESS		
CITY - ST - ZIP	BOYNTON Beach	h, [] 33435	2 4 CHTY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	Change	Addition
NAME			3.2 NAMÉ		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE	Change	Addition
NAME			4. 2 NAME		į
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - S1 - ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change ☐	Addition
RAME			5.2 NAME	$M \setminus I_{-1}$	100
STREET ADDRESS			5.3 STREET ADDRESS	W 126	19X1
CITY-ST-ZIP			5.4 CITY-ST-ZIP	/- /- /	, ,
TITLE		☐ DELETE	611IILE		Addition
NAME			6.2 NAME	600002412906 C -01/27/9801033012	
CIDELL AUDDLES	1		 c a concert toboacce 		

14. Thereby 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.

64 CITY-ST-7IP

6.3 STREET ADDRESS

***158.75

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DOCUMENT # 1. Corporation Name P97000023792 (9)

SEA 'N	LAND OF THE PALM BEAC	CHES, INC.			
Principal Plac	e of Business	Mailing\Address		{	
	NA ISLE DRIVE	7249 CATALINA ISLE DRIVE			
LAKE WONTH		LAKE WORTH FL 33467			
`	<u> </u>			DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		03/17/1997 4. FEI Number	Applied For
21 ///5	No Foderl HWY				Not Applicable
Sulte, Apt		Suite, Apt. #, etc.		- 0.1/1.1/1.1/1.1/1.1/1.1/1.1/1.1/1.1/1.1/	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	in Tank	City & State		6. Election Campaign Financing	\$5.00 May Be
23 00	MIDN Beach	28	Č	Trust Fund Contribution	Added to Fees
Zip 3 3 4		Zip	Country	8. This corporation owes or has paid the	current year Intangible ☐ No
24 //	9. Name and Address of Current	/ 29 36 Registered Agent	VI	Personal Property Tax due June 30. 10, Name and Address of New Registers	
DE	LUCA, ALFRED		81 Name		
72/	19 CATALINA ISLE-DRIVE		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	KE WORTH FL 33467		82 Street At	ddress (P.O. Box Number is Not Acceptable)	v-/
			83	MON Boach	7
	•		84 City	MION BUECH	PE 7in Code
			64 City	F	L 85 Zip Code 35 7
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statutes,	the above-named c	orporation submits this statement for the purpose oration's board of directors. I hereby accept the	e of changing its registered
	m familiar with, and accept the obliga		la Statutos.	, ,	··· _
SIGNATURE	Michael le	Luca 1	Michael	Deluca 1-	12-98
12.	Signature Opped or printed name of registered age of OFFICERS AND		legistered Agent signature re		
TITLE	n Oly Joens Alle	DELETE	11 1016	ADDITIONS/CHANGES TO OFFICERS A Pres/sect/Tres Milhael Deluca 1115 No. Federal Hay Boy Mon Beach, 61.3343	Change Addition
NAME	DELOSA, ALFRED	-	1.2 NAMI	Michael Oeluca	, , –
STREET ADDRESS	7249 CATALINA ISLE DRIVE		13 STREET ADDRESS	1115 No. Foberal Lay	
CITY-ST-ZIP	LAUR MODELLE AAAA	2 m la THROC	14 CITY-ST-7IP	BOYNTON BOOK, PG. 3343	5
TITLE	Michael 1) e 1115 No Federal W BOYNTON Bee	TO SENTE	2.1 HTLE	7	Change Addition
NAME	A Section of the Sect	Lux	2.2 NAME		
STREET ADDRESS	7773710100-146 14	7 - 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BER	ch, [-1 3543)	2 4 CHY-ST-ZIP		
TITLE	•	DELETE	3.1 TITLE		L. Change L. Addition
NAME			3.2 NAMÉ		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE			4.1 TITLE 4. 2 NAME		Change Addition
NAME Street address			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - S1 - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		_	5.2 NAME	11	
STREET ADDRESS			5.3 STREET ADDRESS	- Chi) ILALIAU
CITY-ST-ZIP			5.4 CITY-ST-ZIP	400	100/10
TITLE		DELETE	61 TITLE	Same Same Same Same Same same Fig and Same	Change Addition
NAME			6.2 NAME	6000024125	
STREET ADDRESS			6.3 STREET ADDRESS	-01/27/9801033 ***158.75	J1C
CITY-ST-ZIP			64 CITY-ST-7IP		
14. I hereby o	ertify that the information supplied wit	h this filing does not qualify for t	he exemption stated	in Section 119.07(3)(i), Florida Statutes. I further	certify that the information

Interest certify that the information supplied with this filling does not during the information indicated on this annual report or suppliemental 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.