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FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000032574 (0)

1. Corporation Name

~~SEAGATE COMMERCIAL, INC.~~

Sea Gate International Mkt., Inc.



Principal Place of Business

Mailing Address

25 OLD KINGS ROAD NORTH
SUITE 4B
PALM COAST FL 32137

25 OLD KINGS ROAD NORTH
SUITE 4B
PALM COAST FL 32137

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 185 Cypress Pointe Pkwy

Suite, Apt. #, etc.

22 7

City & State

23 PALM COAST, FL

Zip

24 32164

Country

25 FLA USA

2a. Mailing Address

26 185 Cypress Point Pkwy

Suite, Apt. #, etc.

27 7

City & State

28 PALM COAST, FL

Zip

29 32164

Country

30 FLA

3. Date incorporated or Qualified

04/10/1997

4. FEI Number

59-3445468

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GUNTARP, PAUL M JR. ESQ.
4 OLD KINGS ROAD NORTH
SUITE B
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name PAUL M GUNTARP JR
82 Street Address (P.O. Box Number is Not Acceptable)
185 CYPRESS POINT PKWY
83 Suite 6
84 PALM COAST, FL
85 Zip Code 32164

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

TITLE D
NAME GAZZOLI, JOHN R
STREET ADDRESS 25 OLD KINGS ROAD N., SUITE 4B
CITY-ST-ZIP PALM COAST FL 32137 ☒ DELETE

TITLE D
NAME GAZZOLI, ROBERT
STREET ADDRESS 25 OLD KINGS ROAD N., SUITE 4B
CITY-ST-ZIP PALM COAST FL 32137 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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, on an attachment with an address.

CR2E034 (10/97)