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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700064107

1. Corporation Name

SEAVIEW DEVELOPMENT GROUP, INC.

Principal Place of Business	Mailing Address
752 SEAVIEW DR	752 SEAVIEW DR
JUNO BEACH FL 33408	JUNO BEACH FL 33408

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90254 015 ***150.00



Deigning Disco	of Dusings	Mailing Address					
Principal Place		Mailing Address					
752 SEAVIEW DR JUNO BEACH FL 33408		752 SEAVIEW DR JUNO BEACH FL 33408		DO NOT WRITE IN	THIS SPACE	<u>.</u>	
					3. Date Incorporated or Qualifed		
					07/24/1997		
2 Principal DI	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
	_	26 740 SEAU	e4) 2	021110	65-0767228	-	Not Applicable
21 /40 Suite, Apt.	SEAULEW DRIVE	Suite, Apt. #, etc.		<u> </u>	· _	\$8.7	75 Additional
─ ─ ' '	#, 610 .	27			5. Certificate of Status Desired	, .	e Required
City & State		City & State			6. Election Campaign Financing	\$5	.00 May Be
	BEACH, FL	28 JUNO BEACI	1. 0		Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Country	<u>-</u>	a. This corporation owes the current ye	ar Intangible	
24 334	6	29 33408 30	1		Personal Property Tax.	☐ Yes	□No
24 0 - 1	9. Name and Address of Curren		<u>' </u>		10. Name and Address of New Registe	ered Agent	
			81	Name			
DRY	den, stephen f			Daniel Add	And And Day Number in Net Assembletich		·
752	SEAVIEW DR		82	Street Addr	ess (P.O. Box Number is Not Acceptable) SEAULEW TO LOG		
JUN	O BEACH FL 33408		83	1-10	SEAULE DE	_	
			84	City	20 BEACH		Zip Code 3340 8
		2 J CO7 4E08 Florido Statutos	the above		oration submits this statement for the purpo		
office or re	egistered agent, or both, in the State	of Florida. Such change was autho	onzed by	the corporation	on's board of directors. I hereby accept the	appointment a	as registered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Florida	Statutes	,			
SIGNATURE							
	Signature, typed or printed name of registered ager		<u>`</u>	nt signature required			CTOPS IN 12
12.		D DIRECTORS	13.	$\overline{}$	ADDITIONS/CHANGES TO OFFICER	Cha	
TITLE	P	□ pere ie	1.1 TITLE				90
NAME	DRYDEN, STEPHEN F		1.2 NAME				
STREET ADDRESS	752 SEAVIEW DR		1.3 STREE	FADORESS			
CITY-ST-ZIP	JUNO BEACH FL 33408		1.4 CITY-S	T-ZIP		_ ·	
TITLE	VS	☐ DELETE	2.1 TITLE	ĺ		Cha	ange 🔲 Additi
NAME	ellis, john s		2.2 NAME	Ì			
STREET ADDRESS	1560 GULF BLVD #701		2.3 STREE	ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33767		2.4 CITY-5	T-ZiP	-		
TITLE		☐ DELETE	3.1 TITLE			☐ Cha	ange 🔲 Additi
NAME			3.2 NAME				
STREET ADDRESS			33 STREE	TADDRE\$\$			
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	$ \uparrow$		Cha	ange 🗌 Additi
NAME			4.2 NAME				
				T ADDRESS			
STREET ADDRESS			4.4 CITY-S	l l			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	1-211		. Cha	ange
l :			5.2 NAME			_	- -
NAME				T ADDRESS			
STREET ADDRESS			5.4 CITY-S		•		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	1-EHF	· .	Cha	ange
TITLE							an □ udun
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			

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:

E OF SCHING OFFICER OR DIRECTOR