PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700082365

1. Corporation Name

SEAS THE WAY, INC.

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90059 004 ***150.00



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Principal Plac	e of Business	Mailing Address		T SENISTAL SID IDIR JOHN OUSH COME HOUS DOLDS IN	IIM (L uds Hish ā A hray deli f ā de	
4111 SW 25TH ST, LOT# 11 4111 SW 25TH ST, LOT# 11						
FORT LAUDERDALE FL 33317 FORT LAUDERDALE FL 33317			•			
				DO NOT WRITE IN THIS S	SPACE	
				3. Date Incorporated or Qualifed	Ì	
	N	To Malling Address		09/22/1997 4. FEI Number	Applied For	
	Place of Business	2a. Mailing Address		- 1 · · ·	Applied For Not Applicable	
26		Suite Ant # etc	<u> </u>	_ 65-0788245	\$8.75 Additional	
22 27 29		- 70 A 111511	(5. Certifcate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
28 Davic		Florida	Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes the current year Intal	naible	
24	25	29 33329-145431	o US		Ŭ Yes ⊠No	
	9. Name and Address of Curren			10. Name and Address of New Registered A	gent	
			81 Name			
PERILLO, STACY			92 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
4111 SW 25TH ST, LOT# 11			Street Address (F.O. Box Hamber is Not Acceptable)			
FOR	IT LAUDERDALE FL 33317		83			
}	•		94 0%		85 Zip Code	
			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	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: Re	egistered Agent signature require			
12	, , , , , , , , , , , , , , , , , , , 	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND		
₹mLE	PST	☐ DELETE	1,1 TITLE		☐ Change ☐ Addition	
NAME	PERILLO, STACY		1.2 NAME			
STREET ADDRESS		•	1.3 STREET ADDRESS		Į.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33317		1.4 CITY-ST-ZIP	<u> </u>	Change Addition	
TITLE	VP	☐ DELETE	2.1 TITLE		Change D Addition	
NAME	CROCKER, ROBERT		2.2 NAME)	
STREET ADDRESS			2.3 STREET ADDRESS			
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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 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 a stagement with an address, with all other like empowered.

SIGNATURE: