

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 24, 1999 8:00 am
Secretary of State

09-24-1999 90004 023 ***150.00

0104176

DOCUMENT # **P97000087126**

1. Corporation Name
SEACOM MANAGEMENT, INC.



Principal Place of Business
**8390 WINGATE DR
UNIT #524
SARASOTA FL 34258
US**

Mailing Address
**P O BOX 17668
SARASOTA FL 34276
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/09/1997

4. FEI Number
65-0804670

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/21/99

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME **DPT**
MICALE, JOSEPH
STREET ADDRESS **5911 MIDNIGHT PASS, #202**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☐ DELETE

NAME **DVS**
MICALE, JEANINE A
STREET ADDRESS **5911 MIDNIGHT PASS, #202**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☐ DELETE

NAME **DM**
MICALE, MARK R
STREET ADDRESS **8390 WINGATE DR #524**
CITY-ST-ZIP **SARASOTA FL 34258**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **DPT**

1.3 STREET ADDRESS **MICALE, Joseph C.**

1.4 CITY-ST-ZIP **16 Romeo Ave**

2.1 TITLE **MASSENA, New York 13676**

2.2 NAME **JEANINE A. MICALE**

2.3 STREET ADDRESS **16 Romeo Ave**

2.4 CITY-ST-ZIP **MASSENA, NY 13676**

3.1 TITLE **DPT**

3.2 NAME **MICALE, MARK R.**

3.3 STREET ADDRESS **8390 Wingate Dr #524**

3.4 CITY-ST-ZIP **SARASOTA, FL 34258**

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, or on an attachment with an address.

SIGNATURE: **Mark R. Micale**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/99 941-921-3566

Date Daytime Phone #

CR2E034 (5/99)

619652-90004-23
P97000087126

September 21, 1999

Florida Department Of State
Division of Corporate Annual Reports
P.O.-Box 6327
Tallahassee, Florida, 32314

Subject: Profit Corporation Annual Report

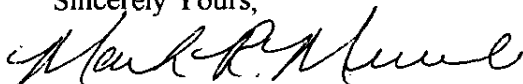
Enclosed is an annual form Document #P97000087126 with the appropriate filing fee of \$150.00.

We spoke with Jane Spears, Corporate Document Examiner, on this day who informed us to send in the form minus all of the penalties. We explained that we did not get the first notice and we just opened the mail titled second notice.

This is the letter she advised us to write when we send in the payment for \$150.00.

Thankyou very much for your understanding and cooperation.

Sincerely Yours,



Mark R. Micale