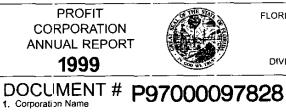
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

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SEABOURNE PUBLISHING, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

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Principal Pl∉ce of Business	Mailing Address					
810 FRONT ST. P O I	P O BOX 420233 SUMMERLAND KEY FL 33(124-0233	DO NOT WRITE IN THIS SPACE				
	US	3. Date incorporated or Qualifed 11/14/1997	VINIS SPACE			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For			
<u>.</u>	26	65-0802045	Not Applicable			

Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5. Cer	tifcate of Status Desired	•	Ac ditional equired
City & State	28	City & State			1 -	ction Campaign Financing st Fund Contribution		May Be to Fees
	Coun ry 25 29 and Address of Current Regi	33042-623330	untry		Per	corporation owes the curre sonal Property Tax. The and Address of New Ro	 ☐ Yes	[]No
DAY, KATHLEEN M 632 WILLIAM ST.			81 82 83	Name		Box Number is Not Acceptat		

11. Pursuant to the provisions of Scictions 607.0502 and 607.1508, Florida Statutes, the above-named or poration 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 at cept the obligations of. Section 607.0505, Florida Statutes.

ayent. Fai	It lamiliar with, and at copt the condations of, occurs	1 007 .0000 1 17.1100				\ <u>~</u>	
SIGNATUFE	Signature, typed or printed na ne of registered agent and title if applicable	SI KALL	gistered Agent signature re	Do / 1005	4-27-V	<u> </u>	
12.	OFFICERS AND DIRECTORS	\sim	13.	ADDITIONS/CHANGE	S TO OFFICERS A		
TILE	PS	DELETE	1.1 TITLE			Change	☐ Addition
JAME .	DAY, KATHLEEN M		1.2 NAME				l
STREET ADDRESS	632 WILLIAM ST		1.3 STREET ADDRESS				ĺ
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-ST-ZIP				- -
TTLE	VT	☐ DELETE	2.1 TITLE			Change	Addition
IAME	BURNS, LAWRENCE J		2.2 NAME				}
STREET ADDRESS	19520 TEQUESTA ST		2.3 STREET ADDRESS				
CITY-ST-ZIP	SUGARLOAF KEY FL 33042		2.4 CITY-ST-ZIP				
TITLE		☐ DELETE	3 1 TITLE			Change	☐ Addition
IAME			3.2 NAME				ĺ
STREET ADDRESS			3.3 STREET ADDRESS				!
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
Ίπιε		☐ DELETE	4 1 TITLE			Change	☐ Addition
AME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	☐ Addition
AME			5.2 NAME				1
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
		DELETE	6.1 TITLE			☐ Change	☐ Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.(7(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementa annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that arm an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chap er 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.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDFESS

Zip Code

85