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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000018686

FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90108 048 ***150.00

Principal Plac	SEA, INC	•	N	failing Address							
612 HERITAGE DRIVE 612 HERITAGE DRIVE							_ _				
WESTON FL 3	33326		W	ESTON FL 33326		مانيت.	PO NOT	**************************************		_	
							3. Date Incorporated or Quali	VRITE IN THIS	SPACE		
							02/25/1998	lea			
2. Principal Place of Business			22	2a. Mailing Address			4. FEI Number		· · · · · ·	oplied For	
21			<u>├</u>	26			65-0819233		_ 	ot Applicable	
Suite, Apt	t. #, etc.			Suite, Apt. #, etc.						Additional	
22			27	27			5. Certifcate of Status Desired	d 🗆	•	equired	
City & Sta	ate			City & State			6. Election Campaign Financi	na	\$5.00	May Be	
23		-	28				Trust Fund Contribution	'' ^y 🗆		to Fees	
Zip		Country		Zip	Cou	ntry	8. This corporation owes the	current year Int	tangible		
24		25	29		30	-	Personal Property Tax.		Yes	□No	
	9. Name	and Address of	Current Regis	stered Agent			10. Name and Address of Ne	w Registered	Agent		
BFI	ZER, SANF	ORN			:	81 Name	·		1		
	HERITAGE				•	82 Street Add	dress (P.O. Box Number is Not Acc	eptable)			
	STON FL 33										
		.020				83				İ	
					ľ	84 City			85 Zip (Code	
				****				FL	.		
office or i	registered ag am familiar wi	ent, or both, in the th, and accept the	e State of Flori e obligations of	da. Such change wa f, Section 607.0505,	atutes, the ac is authorized Florida Statu	ove-named.cor by the corporat tes.	poration submits this statement for ion's board of directors. I hereby ac	the purpose of cept the appoi	changing.its intment as re	registered gistered	
-9				,,							
SIGNATURE										ŕ	
SIGNATURE	Signature, typed	or printed name of regis	<u>-</u>	if applicable. (Ne	OTE: Registered	igent signature requir		DATE			á
SIGNATURE	Signature, typed		stered agent and title ERS AND DIRE	if applicable. (No	OTE: Registered /	lgent signature requir	ed when reinstating) ADDITIONS/CHANGES TO				1/98)
SIGNATURE 12. TITLE	Signature, typed	OFFICE	<u>-</u>	if applicable. (Ne	OTE: Registered A	gent signature requir			ID DIRECTO	RS IN 12	(11/98)
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4. 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 exercise with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 (99)

(54-781-053

Daytime Phone #