Mailing Address

DANIA FL 33004-5408

3. Mailing Address

City & State

33004

8. The above named entity submits this statement for the purpose of changing its registered office or registered

Suite, Apt. #, etc.

402 SE 6th St

Dania Beach, FL

Country

(NOTE: Registered Agent signature required whe

FILE NOW!!! FEE IS \$150.00

USA

1047 SE 6 AVE

DOCUMENT # P98000046199

Country

USA

6. Name and Address of Current Registered Agent

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

SEACOAST LAND INVESTMENTS, INC.

1. Entity Name

1047 SE-6 AVE

DANIA FL 33004

US

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

33004

SIGNATURE

402 SE 6th St.

Dania Beach, FL

107 SE 10TH ST

GROSSFELD, SERIL L ESQ

FORT LAUDERDALE FL 33316

9. This corporation is eligible to satisfy its Intangible

04-12-2000 90038 042 ***150.00

Apr 12, 2000 8:00 am Secretary of State

					111111		: (À)(2:111.1 41 1;	
			DO NOT WRI	88 (1) 86 (1)		(10) (16)		
	4. F	El Number	65-0838656			H	Applied For Not Applical	
,	5. C	. Certificate of Status Desired S8.75 Additional Fee Required						
	7. N	lame and Ad	dress of New F	legistere	d Age	ent		\neg
Name		_						
Street Ad	dress (P.O. Bo	ox Number is	Not Acceptable	;)	······································			
								
City					L	Zip Code		
office or r	registered age	ent, or both, in	the State of Flo	orida.				
gent signatur	e required when re	instating) DA			TE			
\$150.00 III be \$550.00 artment of State			n Campalgn Fir und Contributio	-			i.00 May Be	e
	AD	DITIONS/CHA	ANGES TO OFF	ICERS A	ND D	IRECTO	ORS IN 11	
					5	Chang	ge 🔲 Addit	tion
ADDRESS	102 CE	6+h 9	St.					

After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE NAME FLURY, PATRICIA A NAME STREET ADDRESS STREET ADDRESS 1047 SE 6 AVE 402 SE CITY-ST-ZIP CITY-ST-ZIP Dania Beach, FL 33004 **DANIA FL 33004** ☐ Addition Delete TITLE X Change STD TITLE NAME NAME LAVERY, LEE L 402 SE 6th 6t. STREET ADDRESS STREET ADDRESS 1047 SE 6 AVE Dánia Beach, FL 33004 CITY-ST-ZIP CITY-ST-7IP DANIA FL 33004 ☐ Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CULL PATRICIA A FLURY

(954)923-30724/7/00