

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 21, 1999 8:00 am
Secretary of State

05-21-1999 90010 014 ***150.00

DOCUMENT # P98000056434

1. Corporation Name

SILVERSEAS LIMITED, INC.

Principal Place of Business

638 N US 1, SUITE 152
TEQUESTA FL 33469

Mailing Address

638 N US 1, SUITE 152
TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1998

4. FEI Number

Applied for

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 Tax.

☐

Yes

☐ No

9. Name and Address of Current Registered Agent

BURLISON, KATHLEEN R
140 POINSETTIA DR
KISSIMMEE FL 34743

10. Name and Address of New Registered Agent

81

Name

Eugene Dupizzi

82

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

219 SE Ridgeview

83

City

Tequesta

84

State

FL

85

Zip Code

33469

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

Eugene Dupizzi

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP
Eugene Dupizzi
219 SE Ridgeview
Tequesta, FL
33469

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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

1.3

STREET ADDRESS

1.4

CITY-ST-ZIP

2.1

TITLE

☐

Change

☐

Addition

2.2

NAME

2.3

STREET ADDRESS

2.4

CITY-ST-ZIP

3.1

TITLE

☐

Change

☐

Addition

3.2

NAME

3.3

STREET ADDRESS

3.4

CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Eugene Dupizzi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 1999

Date

Daytime Phone #

CR2E034 (1/98)