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 Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90018 026 ***150.00

DOCUMENT # P98000059369

1. Corporation Name

SEASIDE SYSTEMS, INC.

	•						<u>. </u>)
Principal Place	of Business	Ma	iling Address								
2660 WINDSONG CIRCLE 2660 WINDSONG CIRCLE											
PALM HARBOR FL 34684			PALM HARBOR FL 34684				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualife 07/06/1998	d 			
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number			App	lied For
21			26				59-3520163			Not	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifcate of Status Desired				dditional	
22			27			5. Certificate of Status Desired Fee Required					
City & State			City & State			6. Election Campaign Financing \$5.00 May Be					
23		28					Trust Fund Contribution			dded to	Fees
Zip	Country	L.	Zip	Cou	ntry		8. This corporation owes the cu	rrent year I		, ,	∀
24	25	29		30			Personal Property Tax.		Ye		XNo.
	9. Name and Address of Current	Regist	tered Agent				10. Name and Address of New	Registere	1 Agent		
NO	AN CHADON				81	Name					İ
NOLAN, SHARON					82	Street Addre	ss (P.O. Box Number is Not Accep	table)	•		
2660 WINDSONG CIRCLE											
PALI	A HARBOR FL 34684				83						
					84	City	4,15,100		. 85	Zip Co	ode
						,		F	ᆸᆝᆝ		
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State o in familiar with, and accept the obligation	f Florid	la. Such change was at	utnorizea	DV '	the corporation	ration submits this statement for the n's board of directors. I hereby acc	e purpose on the ept the epp	it chang pintment	ng its r as regi	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent	and title it	f applicable. (NOTE:	: Registered	Agen	nt signature required	when reinstating)	DATE			
12.	OFFICERS AND	DIRE	CTORS	13.			ADDITIONS/CHANGES TO C	FFICERS /			
TITLE	C.EO.		☐ DELETE	1,1 TIT	TLE				□ Ct	hange	☐ Addition
NAME	TERRI L DAVI	15		1.2 NA	ME.						
STREET ADDRESS	2684 WINDSON	6	CIRCLE	1.3 ST	REET	ADDRESS					ļ
CITY-ST-ZIP	PALM HARBOR F		34684	1.4 CF	TY-\$1	T-ŻIP					
TITLE	PRESIDENT	,	☐ DELETE	2.1 ∏	ΠLE					hange	☐ Addition
NAME	SHARON, NOLA	N	12.001	2.2 NA	ME						
STREET ADDRESS	2660 WINDSON	_	CIRCLE	2.3 ST	REET	TADORESS					
CITY-ST-ZIP	PALM HARBOR	FL.	34684	2.4 C	TY-S	T-ZIP			****		
TITLE	VIAC PRESIDEN	ケー	☐ DELETE	3.1 717	n.e		· · · · · · · · · · · · · · · · · · ·		□ Ct	hange	Addition
NAME	JEREMIAH NO	CAN	100010	3.2 NA	ME	1					
STREET ADDRESS	2660 WINDSON	G	UTRECE	3.3 ST	REET	T ADDRESS					ļ
CITY-ST-ZIP	PALM HARBOR	15	1. 34684	3.4. C	ITY-S	iT-ZIP					
TITLE	VICE PLESIDENT		☐ DELETE	4,1 TIT						hange	Addition
NAME	PHILLIP DAVIS			4. 2 N	AME.						
STREET ADORESS	2684 WINDSON	6	CIRCLE	4.3 ST	REET	TADDRESS					
CITY-ST-ZIP	TALA HARBOR		34684	4.4 CI							
TITLE	, , , , , , , , , , , , , , , , , , , ,		DELETE	5.1 TT					□c	hange	Addition
NAME				5.2 NA	ME					•	
STREET ADDRESS	·			5.3 S1	REET	TADDRESS					

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 charged, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

☐ Change

☐ Addition