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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90117 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000061150

1. Corporation Name
SEA LIZZI, INC.



Principal Place of Business 5949 SOUTH CONGRESS AVENUE ATLANTIS FL 33462	Mailing Address 5949 SOUTH CONGRESS AVENUE ATLANTIS FL 33462
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1998

FEI Number

65-0848630

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

2. Principal Place of Business

21 2258 N. Congress Ave

22 Suite, Apt. #, etc. 27 Bay Ten Beach

23 City & State 28 Fla

24 Zip 33426 25 Country

2a. Mailing Address

26 2258 N. Congress Ave

27 Suite, Apt. #, etc. 28 Bay Ten Beach

29 City & State 30 Fla

29 Zip 33426 30 Country

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 **ALIZZI, JAY**
 STREET ADDRESS **5949 SOUTH CONGRESS AVENUE**
 CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 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 **Secretary**
 1.3 STREET ADDRESS **Brewer Apts 21**
 1.4 CITY-ST-ZIP **2258 N. Congress Ave**

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME **Bay Ten Beach**
 2.3 STREET ADDRESS **33426**
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)