

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000083450**

1. Corporation Name

**SEAMASTER SALES CORPORATION**

Principal Place of Business

6540 N.W. 35TH AVENUE  
MIAMI FL 33147

Mailing Address

6540 N.W. 35TH AVENUE  
MIAMI FL 33147

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90024 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/25/1998**

4. FEI Number

☒ 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. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIPCON, MITCHELL J**  
**SUITE: 400 - ONE DATRAN CENTER**  
**9100 SOUTH DADELAND BLVD.**  
**MIAMI FL 33156-7815**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **MARINO, KATHERYN S**  
STREET ADDRESS **6540 N.W. 35TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33147**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **DEVARY, DEANNA D**  
STREET ADDRESS **16115 S.W. 117TH AVE., #A-8**  
CITY-ST-ZIP **MIAMI FL 33177**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

*Katherine Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

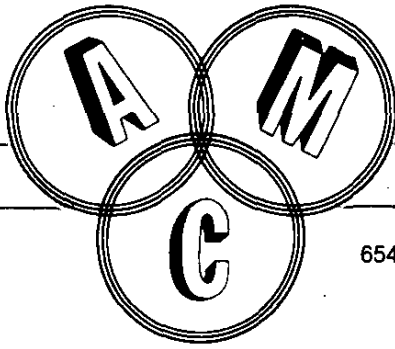
Date

Daytime Phone #

**7-14-99 305-836-6163**

CR2E034 (5/99)

596521-90024-8  
P18000083450



# ASSOCIATED MACHINE COMPANY

PRECISION MACHINING

6540 N.W. 35th AVE., MIAMI, FLORIDA 33147 PHONE: (305) 836-6163 FAX: (305) 691-2288

July 14, 1999

CNC MILLING

CNC TURNING

SINGLE SPINDLE  
AUTOMATICS

MULTI-SPINDLE  
AUTOMATICS

OD GRINDING

I.D. GRINDING

CENTERLESS GRINDING

ASSEMBLIES

Department of State  
Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL 32303

RE: SEAMASTER SALES CORP.

Please be advised that we never received the original 1999 Annual Report Packet for Seamaster Sales Corp., which was incorporated September 25, 1998.

Upon receipt of this Second Notice, we are immediately forwarding our remittance totalling \$150.00 as instructed by your office.

Sincerely,

Katheryn S. Marino, Director  
SEAMASTER SALES CORP.