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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

(1)

DOCUMENT # \$16631

SEA TURTLE BEACH CONCESSIONS, INC.

| FILED | |
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| Jan 23 1998 8:00an | Ŋ |
| Secretary of State | , |

| District Plan | | Make | | | | | | |
|---|--|----------------------------------|--------------------|--------|--------------------------------|---|-------------------------------------|-----------------------------|
| Principal Place of Business 309 PELICAN DRIVE STUART FL 34996 Mailing Address 309 PELICAN DRIVE STUART FL 34996 STUART FL 34996 | | | | | | DO NOT INDITE IN T | "2 254.0F | |
| | | | | | | DO NOT WRITE IN TO 3. Date Incorporated or Qualified 12/06/1990 | HIS SPACE | |
| 2. Principal Pi | ace of Business | 2a. Mailing Address 26 | | | | 4. FEI Number 65-0234127 | | oplied For ot Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc 22 27 | | | | | | 5. Certificate of Status Desired | | Additional equired |
| City & State | | City & State | , | | | 6. Election Campaign Financing Trust Fund Contribution | | May Be to Fees |
| Zip 24 | Country 25 | Zip 29 | 30 Cou | ntry | | This corporation owes or has paid the Personal Property Tax due June 30. | ☐ Yes ☐ | tangible No |
| | 9, Name and Address of Current | t Registered Agent | | 81 | Name | 10. Name and Address of New Registe | rea Agent | |
| | AYTON, CHARLOTTE C.) Pelican Drive | | | | | | | |
| | JART FL 34996 | | | 83 | Street Addre | iss (P.O. Box Number is Not Acceptable) | | |
| | | | | 84 | City | | 85 Zip | Code |
| | | | | | | - | -L ` | |
| office or ri | to the provisions of S ections 607,0502 egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was : | authorized | 1 by 1 | -named corpo the corporatio | oration submits this statement for the purposen's board of directors. I hereby accept the | se of changing it appointment as | ts registered registered |
| SIGNATURE | Signature, typed or printed name of registered ager | st end little if applicable (NOT | F Registered | Agen | I s-gnature required | d whon reinstaling) DA | | |
| 12. | OFFICERS AND | | 13. | | , | ADDITIONS/CHANGES TO OFFICERS | | S IN 12 |
| TITLE | PD | ☐ DELETÉ | 11 10 | LE | | | Change | Addition |
| NAME | | | 1.2 NA | ME | | | | |
| STREET ADDRESS | | | 1.3 ST | REET A | DDRESS | | | |
| CITY-ST-ZIP | STUART FL | | 1.4 Cr | | ZIP | | | (=1 4 x int == |
| TITLE | DACTEMONI ANDDEM A | | | LE | | | Change | Addition |
| NAME | Pastewski, andrew A. 131 Conklin Street | | 2.2 NA | | | | | |
| STREET ADDRESS | PATCHOQUE NY | | | | DDRESS | | | |
| CITY-ST-ZIP TITLE | R R | DELETE | 2. 4 CI 3.1 TIT | | - ZIP | | Change | Addition |
| NAME | CLAYTON, BARBARAJ. | □ becale | 3.1 (II | | | | FT Augusta | L 71000001. |
| STREET ADDRESS | 309 PELICAN DRIVE | | | | .DDRESS | | | |
| CITY-ST-ZIP | STUART FL | | 3.3 S1 | | | | | |
| TITLE | ••••• | DELETE | 4.1 7() | | - 211 | | ☐ Change | Addition |
| NAME | | | 4. 2 N | | | | | |
| STREET ADDRESS | | | | | DDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY | | - ZIP | | | |
| TITLE | | DELETE | 5.1 TIT | LE | | | ☐ Change | Addition |
| NAME | | | 5.2 NA | ME | | | | |
| STREET ADDRESS | ; | | 5.3 ST | REET A | DDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CI | Y-\$1 | - ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TIT | LE | | | Change | Addition |
| NAME | | | 6.2 NA | ME | | | | |
| STREET ADDRESS | | | 6.3 ST | REFT A | DDRESS | ` | | |
| CITY-ST-ZIP | petitive that the information available of | th this films does not sucht. (| 6.4 CD | | | Section 119.07(3)(i), Florida Statutes. I furthe | or carlify that the | information |

Interest certify that the information supplied with this ming does not qualify for the exemption stated in Section 1.19.07(3)(), Florida Statutes. Floride the linformation indicated on this annual report or supplience its frue 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 chapted, or on an attachment with an address.