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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # \$26134

(4)

FILED
May 09 1997 8:00am
Secretary of State

SEASIDE REALTY, INC.  Principal Prace of Business Mailing Address  800 E. INDIANTOWN ROAD SUITE 100 SUITE 100 JUPITER FL 33477 US  WS  SEASIDE REALTY, INC.  Mailing Address  900 E. INDIANTOWN ROAD SUITE 100 JUPITER FL 33477-5142 US						3. Date Incorporated or Qualified 3a. Date of Last Report 01/22/1991			
·	lace of Business	20	. Mailing Address		_	4. FEI Number	1 441		pplied For
	CYPRESS JA	Siut. 26		PRES	S DRIVE	65-0246122			lot Applicable
Suite, Apl	#, etc. * <b>3</b>	27	Suite Apt. #, etc.	a		5. Certificate of Status Desired			Additional Required
City & Stat	0		City & State		<del></del>	6. Election Campaign Financing		\$5.00	May Be
	ITER, LUCA	28		· Tice		Trust Fund Contribution			to Fees
<sup>Zip</sup> 334	69 25 P.B.	<u>,                                    </u>	33469	Count	iry . B. C.	8. This corporation has fiability for	or intangible		s. 199.032,
24 254	9, Name and Address o			30 4	. D	Florida Statutes  10. Name and Address of New F			
				8	1 Name				
900	IOTT, WILLIAM R. E. INDIANTOWN ROAD			8	2 Street Add	ress (P.O. Box Number is Not Accept			
	TE 100 PITER FL 33477			8	13	burne 1	<b>5</b>		
				8	4 City		F= 1	85 Zip	Code
						( AT) ( September 1997)	F1.	1 2	3469
11. Pursuant office or ragent 1 a	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept t	607.0502 and the State of Flo the obligations	607.1508, Florida Sta irida. Such change wo of, Section 607.0505,	atutes, the abo as authorized Florida Statut	ove-named corp by the corporates.	poration submits this statement for the ition's board of directors. I hereby acc	e purpose of cept the app	changing ointment a	its registered is registered
SIGNATURE	Signature: typed or pented name of re-		ille il applicable ( ECTORS			poration submits this statement for the tition's board of directors. I hereby accounted when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	PRS IN 12
SIGNATURE  12. THUE	Signature typed or pointed name of reg OFFIC	gistered agont and ti	ile il applicable (	NOTE: Registered A  13.  1.1 TIYLE	Agent signature requi	ired when reinstating)	DATE		PRS IN 12
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I. I do 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:

SCHATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

tt 4/22

361-746-010

Daytime Phono