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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # S83658

121

1. Corporatio	ON & SEALS REAL ESTA	TE, INC.	(4)			Lebotrono nos notro entre objet outro e	a ll a lan ai	AL DI DEL GARIA RIG	. (1 . 6) 1) (1 . 6)
Principal Plac	e of Business	Mailing A	Address						
•		•							
12874 BRYAN RD. 12874 BRYAN RD. LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified		OFACE	
2. Principal P	Place of Business	2a. Mailin	g Address	 , .		09/30/1991 4. FEI Number			pplied For
21		26				- - - - - - - - -		ot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						Additional
22		27	27			5. Certificate of Status Desired		, -	equired
City & Stat	9	City 8	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip Country		Zip		Country 30		8. This corporation owes or has paid the current year Intangible			
24	25					Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	nt Hegistered A	agent	81	Name	10. Name and Address of New H	egistered	Agent	
SEALS, BUFORD					IVAITIO				
12874 BRYAN RD.			82	82 Street Address (P.O. Box Number is Not Acceptable)					
LOXAHATCHEE FL 33470				83	<u> </u>				
				84	1	FL 85 Zip Code			
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stal	02 and 607,150 e of Florida, Suc	8, Florida Statu ch change was	tes, the abov authorized b	re-named cor y the corpora	poration submits this statement for the tion's board of directors. I hereby acce	purpose o	of changing it pointment as	ts registered registered
agent. I a SIGNATURE	im familiar with, and accept the obli	gations of, Section	on 607.0505, FI	orida Statute	!S .				
SIGNATORE	Signature, typed or printed name of registered a		ble (NO	F. Registered Ag	eni signature requ	lred when reinstating)	DATE		
12.	OFFICERS AI	ND DIRECTORS	·	13.		ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	DP DELETE		1.1 TITLE				∐ Change	☐ Addition	
NAME	JOHNSON, PHILIP E.			12 NAME					
STREET ADDRESS				1.3 STREE	T ADDRESS				
CITY - ST - ZIP	PALM BEACH GARDENS FL		T or see	1.4 CITY-: 2.1 TITLE	ST- ZIP				1 4 1 2 2 2
TITLE	DS				}			Change	Addition
NAME	SEALS, BUFORD			2.2 NAME					}
STREET ADDRESS	12874 BRYAN RD.				T ADDRESS	. \$			
CITY-\$7-ZIP TITLE	LOXAHATCHEE FL		DELETE	2. 4 CITY- 3.1 TITLE	ST-ZIP			Change	Addition
			C) DECEIE					Li charige	LJ AUGILION
NAME OXDEST ADDRESS				3.2 NAME	* *******				
STREET ADDRESS					T ADDRESS				
CITY+ST-ZIP TITLE			DELETE	3.4. CITY- 4.1 TITLE	SI-ZIP			☐ Change	Addition
NAME	p.		C Decere	4. 2 NAME	1			onungs	
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	4.4 CITY - 5.1 TITLE	DI-TIL			Change	Addition
NAME				5.2 NAME	}				
STREET ADDRESS					ADDRESS				
City-ST-ZIP				5.4 CITY-5					
TITLE			DELETE	6.1 TITLE	Z1 EN			Change	Addition
NAME				6.2 NAME				•	
STREET ADDRESS					AODRESS				-
CITY-ST-7/P				6.4 CITY-S	i i				

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.

CIGNATURE.

3-6-98

FILED

Mar 16 1998 8:00am

Secretary of State