

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V65587**

(0)

1. Corporation Name

SEASIDE MANAGEMENT CORP.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/24/1992** 3a. Date of Last Report **07/15/1994**

4. FEI Number **65-0438785** 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 has liability for intangible tax under s. 199.042, Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CALLEN, ROBINSON
2201 COLLINS AVENUE
MIAMI BEACH FL 33139**

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 of individual appointed agent and the corporation

Signature of Registered Agent (Signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
P	CALLEN, ROBINSON	2201 COLLINS AVENUE	MIAMI BEACH FL 33139
VP	CALLEN, JAN	2201 COLLINS AVENUE	MIAMI BEACH FL 33139
VP	GONZALEZ, MANUEL	2201 COLLINS AVENUE	MIAMI BEACH FL 33139
S	CRIBBS, CHARLOTTE	2201 COLLINS AVENUE	MIAMI BEACH FL 33139

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
14. TITLE	14. NAME	14. STREET ADDRESS	14. CITY, ST, ZIP
15. TITLE	15. NAME	15. STREET ADDRESS	15. CITY, ST, ZIP
16. TITLE	16. NAME	16. STREET ADDRESS	16. CITY, ST, ZIP
17. TITLE	17. NAME	17. STREET ADDRESS	17. CITY, ST, ZIP
18. TITLE	18. NAME	18. STREET ADDRESS	18. CITY, ST, ZIP
19. TITLE	19. NAME	19. STREET ADDRESS	19. CITY, ST, ZIP
20. TITLE	20. NAME	20. STREET ADDRESS	20. CITY, ST, ZIP

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the corporation stated in Section 199.042, Florida Statutes. I further certify that the information is not false, and in whole 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 individual or firm authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. I have changed or am an attachment with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robinson Callen

7/3/95 (305) 532 9112