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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine, Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # V73994 1. Corporation Name

SEA SCREAMER OF TREASURE ISLAND, INC.

	·		U		Į.				
Principal Place	e of Business	Mailing Address		-	,				
PO BOX 3700	1 04600	P O BOX 3700 CLEARWATER FL 34630							
CLEARWATER F	C 34030	US				DO NOT WR	ITE IN THIS	SPACE	
		· /				<ol> <li>Date Incorporated or Qualifed 10/23/1992</li> </ol>	1		
2. Principal Pl	lace of Business	2a. Mailing Address		-		4. FEI Number		Ap	plied For
21		26				59-3147245		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			٠.	5. Certifcate of Status Desired		<b>\$8.75</b> A	
City & State	<u> </u>	City & State			arta e	6. Election Campaign Financing		\$5.00	May Be
23		28		0	4.6	Trust Fund Contribution		Added t	
Zip 24 3370	Country 25	Zip 29 33767	Cou	intry		This corporation owes the cur     Personal Property Tax.	rent year Int	angible Yes	ØNo
24 00 10	9. Name and Address of Current		[30]	[		10. Name and Address of New	Registered	Agent	
				81	Name				
	VES, JOYCE 2 91ST TERRANCE NORTH			82	Street Ac	dress (P.O. Box Number is Not Accept	table)		
	INOLE FL 33772			83	-				
l									
}				84	City		FL	85 Zip (	Code
office or reagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was	authorized	זו עם ב	named co he corpora	orporation submits this statement for the ation's board of directors, I hereby access	e purpose of opt the appoi	changing its ntment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent :	signature req	uired when reinstating)	DATE		
12.									
	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FFICERS AN	ID DIRECTO	RS IN 12
TITLE .	D OFFICERS AND	DIRECTORS  DELETE	<b>13.</b> 1.1 Π	TLÉ	<u> </u>	ADDITIONS/CHANGES TO OF	FFICERS AN	ID DIRECTO ☐ Change	RS IN 12
· · · · · · · · · · · · · · · · · · ·	D Foster, William Douglas				•	ADDITIONS/CHANGES TO OF	FICERS AN		
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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, with all other like empowered.

CITY-ST-ZIP

FILED Apr 20, 1999 8:00 am Secretary of State

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