

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

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**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90111 022 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000005458**

1. Corporation Name  
**GULF AND ATLANTIC MARITIME SERVICES, INC.**



Principal Place of Business 99 WOOD AVE., S. ISELIN NJ 08830	Mailing Address 99 WOOD AVE., S. ISELIN NJ 08830
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/07/1995</b>	
21	22	26	27	4. FEI Number <b>13-3451774</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PARDO, JOHN 3785 NW 82ND AVE #209 MIAMI FL 33166				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAILL, BRENDAN	1.2 NAME	
STREET ADDRESS	99 WOOD AVE., S.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ISELIN NJ	1.4 CITY-ST-ZIP	
TITLE	DC <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAUN, STELLAN	2.2 NAME	Jan Van Dooren
STREET ADDRESS	99 WOOD AVE., S.	2.3 STREET ADDRESS	99 Wood Avenue South
CITY-ST-ZIP	ISELIN NJ	2.4 CITY-ST-ZIP	Iselin, NJ 08830
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODETTE, ANN	3.2 NAME	
STREET ADDRESS	99 WOOD AVE., S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ISELIN NJ	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, RUSSELL	4.2 NAME	
STREET ADDRESS	99 WOOD AVE., S.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ISELIN NJ	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEIRCE, GRAHAM	5.2 NAME	
STREET ADDRESS	99 WOOD AVE S	5.3 STREET ADDRESS	
CITY-ST-ZIP	ISELIN NY 08830	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEMPLE, DAVID	6.2 NAME	
STREET ADDRESS	99 WOOD AVENUE SOUTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	ISELIN NJ 08830	6.4 CITY-ST-ZIP	

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.

SIGNATURE: \_\_\_\_\_ Date: **3/8/99** Daytime Phone #: **732-744-8191**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (1/98)