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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H87013

MARINE A/CR SYSTEMS, INC.

Principal Place of Business

FILED Jan 25, 1999 8:00am Secretary of State

01-25-1999 90040 021 ***150.00



1500 2ND STRE ST. PETERSBUR US	JRG FL 33701 ST. PETERSBURG FL 33701 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/26/1985			
2. Principal Pi	lace of Business	2a. Mailing Address 26			4. FEI Number 59-2622407	<u></u>	Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certifcate of Status Desired	\$8.75 A Fee Rec	I	
City & State	0	City & State		_	6. Election Campaign Financing Trust Fund Contribution	\$5.00 r Added to		
Zip	Country Zip 25 29 30			!	This corporation owes the current year I Personal Property Tax.	☐ Yes I	□No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
	1 (3) 1 1 1 1		81	Name				
LEONARD, LOUISE 101 13TH AVE S			82	Street Addre	Idress (P.O. Box Number is Not Acceptable)			
ST. PETERSBURG FL 33701			83					
			84	""	F	L 85 Zip C	ode ****	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTO	RS IN 12	
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NAME		ļ.			· ·	Change		
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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 open attachment with an eddress with all other like empowered.

SIGNATURE:

TURE AND THE BARINTED NEW OF SIGNING OFFICER OR DIRECTOR

14/99 (727/895-226)

CR2E034 (11/98)