

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

APPROVED
AND
FILED

95 MAY -1 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K05069 (5)

1. Corporation Name

SEA TOW SERVICES OF FORT LAUDERDALE, INC.

Principal Place of Business

100 NE 3RD AVENUE
SUITE 850
FORT LAUDERDALE FL 33301
US

Mailing Address

100 NE 3RD AVE. STE. 800
SR 850
FORT LAUDERDALE FL 33301
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/03/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0030596

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. 100.002,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HOUSTON, BART ALAN
100 N.E. 3RD AVENUE
SUITE 850
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 relocating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information furnished on this annual report or a biennial 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 incorporator, trustee, partner, or sole proprietor of the corporation or partnership; and that my name appears in Block 12 or Block 13, if changed, or in an attachment with my address.

SIGNATURE:

Phillip E. Chinnock

PHILLIP E. CHINNOCK

4-28-95

305 763-2250