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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B, Mortham

Socretary of State DIVISION OF CORPORATIONS

FILED						
Sep 25 1997 8:00am						
Secretary of State						

1. Corporation	ARINE SERVICE, INC.  e of Business AHM E DRIVE	Mailing Address  * BRIAN A. RAHM  500 CAMBRIDGE DRIVE  FT. LAUDERDALE FL 33320 US	S-3561	3. Date Incorporated or Qualified	3a. Date of Last Report
				05/18/1990	08/13/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number 65-0195003	Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt #, etc.		Certificate of Status Desired	\$8.75 Additional
City & State	3	City & State			Fee Required
23	•	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zıp	Country	8. This corporation has liability for	
24	25 9. Name and Address of Curre	29 nt Registered Agent	30	Florida Statutes  10. Name and Address of New R	Yes No
560	M, BRIAN A. Cambridge Drive Lauderdale Fl 33326		81 Name 82 Street Add 83 84 City	iress (P.O. Box Number is Not Accepta	ble)  FL   85   Zip Code
SIGNATURE	Signature, typed or printed name of registered ag		uthorized by the corpora rida Statutes  Hogistered Agent signature requ  13.  1.1 HILE	poration submits this statement for the tion's board of directors. I hereby acce red when reinstating?  ADDITIONS/CHANGES TO OFFI	DATE
NAME STREET ADORESS CITY-ST-ZIP	RAHM, BRIAN A. 560 CAMBRIDGE DRIVE FT. LAUDERDALE FL		1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP		_ Citaligo _ Nacino!
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RAHM, MARIANNE 660 CAMBRIDGE DRIVE FT. LAUDERDALE FL	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS	(1) Stoom ID wat (5	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	:	DELETE	3.4. CHY-S1-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 6.4 CHY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		Change Addition
14. I do heret	n indicated on this armual report or ficer or director of the corporation of h Block 12 or Block 13 if changed, c	augustonicated appunt conget to tr	y for the exemption state	d in Section 119.07(3)(i), Florida Statut t my signature shall have the same leg rt as required by Chapter 607, Florida s	ومطاف بالقمام ممامين مأممه أفاهم فموادر فالمما