## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9500005143 1. Corporation Name

### FLORIDA MARITIME FORUM, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

315 SOUTH CALHOUN STREET, SUITE 712 TALLAHASSEE FL 32301

315 SOUTH CALHOUN STREET. SUITE 712 TALLAHASSEE FL 32301

# FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90030 008 \*\*\*\*61.25



3. Date Incorporated or Qualifed

11/01/1995

59-3404967

4. FEI Number

City & Stat	e	City & State				5. Certifcate of Status Desired			П	□ <b>30./3</b> Addi		
23		28								F6	e Req	uired
Zip	Country	Zip	Country			6. EI	ection Campaign F	inancing		\$5	.00 N	fay Be
24	25	29 3	30			Trust Fund Contribution Added to F						Fees
		_	_	10. N	ame and Address	of New R	egistered A	gent				
			81	N	Name							
MASSIE, JAMES C 315 SOUTH CALHOUN STREET, SUITE 712 TALLAHASSEE FL 32301					Street Addre	Address (P.O. Box Number is Not Acceptable)						
									,			
TALLATIAGGE TE GEGGT				-	D14 .				85 Zip Code			
			84	`	City				FL	63	ZIP O	
11 Described the applicage of Section 617 0502 and 617 1509. Elorida Statutes the above-named compostion submits this statement for the purpose of changing its regis											egistered	
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 617.0503, Florida Statutes.												
agent. i a	m tamiliar with, and accept the obligation	115 OI, 38CUOII 617.0303, FIOR	ua Statutes	•.								J
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTF: F	Registered Ager	nt sig	gnature required v	when reins	tating)		DATE			
12.	OFFICERS AND		13.				DITIONS/CHANGE	S TO OFF	ICERS AN	DIRE	CTOR	
TITLE	OP □ DELETE 1.1T				Ω	DIRECTOR Change T TEFFREY B. SHARKEY DIS S. MONROSST, SUITES TALLAHASSEE, FL 32301					Addition	
NAME				1.2 NAME TE			REY B.	SHA	RKET	′		
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			1.3 STREET ADDRESS			mour	05 3	T	SU	NE	540
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TITLE				2.1 TITLE				<del>,</del>		Ch	ange	☐ Addition
NAME			2.2 NAME									
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CITY-ST-ZIP	1979 I Millio HOND			2.4 CITY-ST-ZIP								
TITLE			3.1 TITLE							Ch	ange	Addition
NAME			3.2 NAME	3.2 NAME								
STREET ADDRESS			3.3 STREE	3.3 STREET ADDRESS								
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			3.4, CITY-ST-ZIP								
TITLE			4.1 TITLE							Ch	ange	Addition
NAME			4, 2 NAME									•
STREET ADDRESS			4.3 STREE	TAD	DRESS							
CITY-ST-ZIP			4.4 CITY-S		<b>!</b>							
TITLE		DELETE	5.1 TITLE			***************************************	•		-	☐ Ch	ange	Addition
NAME			5.2 NAME									
STREET ADORESS			5.3 STREE	TAD	DRESS							
CITY-ST-ZIP			5.4 CITY-S	T-ZI	IP							
TITLE		[] DELETE	6.1 TITLE							Ch	ange	☐ Addition
NAME			6.2 NAME									1
STREET ADDRESS			6.3 STREE	TAD	DORESS							
CITY-ST-ZIP			6.4 CITY-S	iT-ZI	IP							
44 15	eartify that the information supplied with	this file - days not suplify for			1	ection 1	19.07(3)(i) Florida	Statutes I	further cert	ify that	the in	formation

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 informati 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 of treastee empowered to execute this report as required by Chapter 617, 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:

Applied For

\$8.75 Additional

Not Applicable