SECOND NÔTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

EB MARINE SERVICES, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

ORATIONS

FILED Jul 07, 1999 8:00 am Secretary of State

07-07-1999 90003 003 ***150.00

954463-3265

DOCUMENT # 1. Corporation Name	P95	0000	39594
i. Corporation Name			

Principal Plac	ce of Business	Mailing Address			18
-1510 S.E. 17					
SUITE 300		1 510-S.E. 17TH STR EET Su ite 300 >			
FT-LAUDERD	ALE-FL 33316	FT alauderdale-fl- 33316	3		TE IN THIS SPACE
				3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address		05/18/1995 4. FEI Number	Applied For
21 795	S EXETER BLUD. WEST		z 460063	65-0581519	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	2	5. Certificate of Status Desired	\$8.75 Additional
22		27 40 Eric 1	- varain		Fee Required
City & Sta	MARAC FL	28 FUNT LANDOR	some PL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip. 333 2	Country 25 US	29 33346	Country 30 US	This corporation owes the curr Intangible Personal Property.	ent year Yes No
	9. Name and Address of Current	_ 		10. Name and Address of New F	legistered Agent
	DAGU EDIO I		81 Name		
1	rash, eric j 10 s.e. 17th street		82 Street Add	ress (P.O. Box Number is Not Accepta	ible)
1	-LAUDERDALE FL 33316		83	795	EXETER BLUD. WEST
''	. ENOBERIDALE TE GOOTO		83		
			84 City	HMARAL	FL 85 Zip Code 3332/
11. Pursuan	t to the provisions of sections 607.0502	and 607.1508, Florida Statutes	the above-named corporate	oration submits this statement for the pution's board of directors. I hereby accept	irpose of changing its registered
agent. I	am familiar with, and accept the obliga	itions of, section 607.0505, Flor	ida Statutes.	ion's board of directors. Thereby accep	t the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (A)O	E: Registered Agent signature rec	Outract when reinstating)	DATE
12.	OFFICERS ANI		13.		FICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		FICERS AND DIRECTORS IN 12 Change Addition Change Addition
NAME	BARASH, ERIC		1.2 NAME		034
STREET ADDRESS	1510 S.E. 17TH STREET #300)	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS			0011115		
CITY-ST-ZIP			2.2 NAME		
TITLE	ł		2.3 STREET ADDRESS		
NAME		DELETE	•		Change Addition
		DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Change Addition
STREET ADDRESS		DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
CITY-ST-ZIP		☐ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		Change Addition
CITY-ST-ZIP TITLE		☐ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition Change Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition

6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual export or supplied ental acquisition in the supplied ental acquisition of the corporation of the corporation of the corporation of the corporation of 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 to an attachment with an address.

July 1, 1999

Florida Department of State Division of Corporations Annual Reports Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Today I received your second notice for our 1999 corporate filing. I apologize but do not recall receiving the first notice. We have always been timely in our filings. I respectfully request that you waive the reinstatement fee as I have no record of prior receipt. Thank you in advance for your kind assistance in this regard.

Yours truly,

Eric J. Barash President