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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000068439

MARINE PROPULSION SYSTEMS, INC.

<u> </u>		
Principal Place of Business	Mailing Address	
2401-A NW 33RD AVE MIAMI FL 33142	2401-A NW 33RD AVE MIAMI FL 33142	DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualifed 09/06/1995
Principal Place of Business	2a. Mailing Address 26	4. FEI Number 65-0606602
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution \$5.
Zip Country 25	Zip Country 29 30	This corporation owes the current year Intangible Personal Property Tax.
9. Name and Addres	s of Current Registered Agent	10. Name and Address of New Registered Agent

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Feb 2	18,	1999	8:00am					
Sec	reta	ary of	f State					

02-18-1999 90118 003 ***150.00



								09/06/1995		-		
Principal I	Place of Business	2a.	Mailing Ad	dress				4. FEI Number	*****		A	plied For
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		27		_				5. Certifcate of Status D	esired 🔲			equired
City & Sta	ate		City & Sta	te				6. Election Campaign Fi	nancina _	\$	5 00	May Be
		28						Trust Fund Contribution				to Fees
Zip	Country		Zip		Cou	intry		8. This corporation owes	the current ve			
	25	29			30			Personal Property Ta		ĽΥ		□No
	9. Name and Address of Currer	nt Regis	tered Agen	t		Π	··· -	10. Name and Address	of New Registe	ered Agen	t t	
	100 11100101 500					81	Name			¥		
	VIS, HAROLD L ESQ	_				-	0		F.5			
	TE 3660, ONE BISCAYNE TOWE	R				82	Street Addre	ess (P.O. Box Number is No	Acceptable)		34.	
	O SOUTH BISCAYNE BLVD					83			112	4 1 2 3 F	·	* * *
MIA	MI FL 33131											
						84	City		•	85	Zip (Code
Dureuant	to the provinces of Pastions 607 050	2	07.4500 51-	tata Di Li						<u>fl</u>		
Office of	to the provisions of Sections 607.050 registered agent, or both, in the State	OI PIORIG	ia. Such cha	inge was aut	nonzec	יעםנ	the corporation	ration submits this statemer	t for the purpos	se of chance	ing its	registered
agent. I a	am familiar with, and accept the obliga	itions of,	Section 607	7.0505, Floric	la Stat	utes.			-, accept aid o	-ppontunett	. 43 16	grace: ¢u
GNATURE												
	Signature, typed or printed name of registered ager			(NOTE: R		Agent	t signature required		DAT			
· -	OFFICERS AN	D DIRE		DE: 5	13.			ADDITIONS/CHANGES	TO OFFICER	S AND DIF	ECTO	RS IN 12
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Æ	ROLAND K. BULLARD II				1.2 NA	WE						
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4E	SALLY S. BULLARD				2.2 NA	ME	ĺ			_ :	٠	
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	ertify that the information supplied with				6.4 CIT	1-51-	AIT					

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 on an attachment with an address, with all other like empowered.

305-635-1308