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FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90029 002 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000095756**

1. Corporation Name
JUPITER MARINE INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

4574 DYER BLVD
 BAY 4
 WEST PALM BCH FL 33407
 US

1 SOUTH OCEAN BLVD.
 SUITE 315
 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1997

2. Principal Place of Business

2a. Mailing Address

21 **3391 SE 14th Ave**
 Suite, Apt. #, etc.

26 **P.O. Box 350647**
 Suite, Apt. #, etc.

4. FEI Number

65-0794113

Applied For

Not Applicable

22 City & State

23 **Ft. Lauderdale FL**

27 City & State

28 **Ft. Lauderdale FL**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 **33316**

Country

25 **USA**

29 Zip

29 **33335**

Country

30 **U.S.A**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

SOUTH FLORIDA REGISTERED AGENTS, INC.
 200 EAST LAS OLAS BLVD.
 SUITE 1900
 FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** DELETE
 NAME **KEYSER, ROBERT J**
 STREET ADDRESS **1 SOUTH OCEAN BLVD., SUITE 315**
 CITY-ST-ZIP **BOCA RATON FL 33432**

1.1 TITLE **President** Change Addition
 1.2 NAME **Carl M. Herndon**
 1.3 STREET ADDRESS **P.O. Box 350647**
 1.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33335**

TITLE **CFO** DELETE
 NAME **WEAVER, THOMAS J**
 STREET ADDRESS **45754 DYER BLVD 4**
 CITY-ST-ZIP **W PLAM BCH FL 33402**

2.1 TITLE **Director** Change Addition
 2.2 NAME **Larry Tierney**
 2.3 STREET ADDRESS **P.O. Box 350647**
 2.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33335**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 information 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.

SIGNATURE: **X** *Carl M. Herndon* **Carl M. Herndon 5-17-99 (954) 523-8985**

CR2E034 (11/98)