## 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 # P98000057686

1. Corporation Name

## **FILED** Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90005 026 \*\*\*150.00

ABC ALUMINUM MARINE PROD						
Principal Place of Business	Mailing Address			·		
2009 GRANT STREET HOLLYWOOD FL 33020	2009 GRANT STREET HOLLYWOOD FL 33020					
HOLLINOOD IE 35020			DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed 06/29/1998			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	X Ap	plied For
21	26			65-0846220	No	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22	27			5. Controdic of Claus 200cd	Fee Re	<del>`</del> -
City & State	City & State			6. Election Campaign Financing	\$5.00	
23	28		<del></del>	Trust Fund Contribution	Added	to Fees
Zip Country	Zip	Count	ry	8. This corporation owes the current year	Intangible Yes	□No
24 : 25		30		Personal Property Tax.  10. Name and Address of New Registers		
9. Name and Address of Cu	irrent Registered Agent		1 Name	TV. Hame and Address of New Register	- Merit	
WIGGIN, CONRAD S		١			4	
, 2009 GRANT STREET		8	Street Ac	dress (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33020		ā	13			
			~		<u> </u>	
		8	34 City	F	85 Zip (	Code
agent. I am familiar with, and accept the o SIGNATURE Signature, typed or printed name of registers	ed agent and title if applicable. (NOTE:	Registered A		uired when reins(stang) DATE		
	S AND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS		RS IN 12 ☐ Addition
NAME CONRAD 5. WIGHT STREET ADDRESS 2009 GRANT STREET	ØAN □ DELETE	1.1 TITLE	]		Change	I I AUGUOU
NAME CONKAIDS.	EKT	1.2 NAM	E i			
STREET ADDRESS 2009 CAANT						
CITY-ST-ZIP HOI/4WOOD FL	7.202.0		EET ADDRESS			
TITLE .	3 <i>30</i> 20	1.4 CITY	EET ADDRESS		Change	
· · · · · · · · · · · · · · · · · · ·	33020	1.4 CITY 2.1 TITLE	-ST-ZIP		☐ Change	Addition
NAME	3 <i>30</i> 20	1.4 CITY 2.1 TITLE 2.2 NAMI	EET ADDRESS -ST-ZIP E		☐ Change	
STREET ADDRESS	3 <i>30</i> 20	1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE	EET ADDRESS -ST-ZIP E E E EET ADDRESS	•	☐ Change	
STREET ADDRESS CITY-ST-ZIP	33020 DELETE	1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY	EET ADDRESS -ST-ZIP E E E EET ADDRESS (-ST-ZIP	•		Addition
STREET ADDRESS CITY- ST-ZIP TITLE	3 <i>30</i> 20	1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE	EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP E	•	☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	33020 DELETE	1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE	EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP E E	•		Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	33020 DELETE	1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE	EET ADDRESS -ST-ZIP E E E E EET ADDRESS /-ST-ZIP E E E E E E E E E E E E E E E E E E E			Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	33020 DELETE	1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE	EET ADDRESS - ST-ZIP E E E E E E E E E E E E E E E E E E E			Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	33020 DELETE	1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE	EET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	•	Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	33020 DELETE	1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI	EET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	•	Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	33020 DELETE	1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI	EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS	•	Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	33020 DELETE	1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STRE	EET ADDRESS - ST-ZIP E E E E E E E E E E E E E E E E E E E	•	Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY	EET ADDRESS -ST-ZIP E E EET ADDRESS /-ST-ZIP E E EET ADDRESS /-ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS	•	☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	DELETE	1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI	EET ADDRESS -ST-ZIP E E EET ADDRESS /-ST-ZIP E E EET ADDRESS /-ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS	•	☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	DELETE	1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI	EET ADDRESS -ST-ZIP E E E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E E EET ADDRESS		☐ Change	Addition Addition Addition
STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	DELETE	1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.3 STRE	EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E E E-EET ADDRESS -ST-ZIP E E E-EET ADDRESS -ST-ZIP E E-EET ADDRESS -ST-ZIP		☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 5.4 CITY 5.4 CITY 5.4 CITY 5.5 CITY 5.7 TITLE 5.7 NAM 5.3 STRE 5.4 CITY 5.4 CITY 5.1 TITLE 5.7 NAM 5.3 STRE 5.4 CITY 5.4 CITY 5.4 CITY 5.1 TITLE 5.5 CITY 5.5 TITLE 5.5 CITY 5.5 CITY 5.7 TITLE 5.7 NAM 5.7 STRE 5.4 CITY 5.1 TITLE 5.7 NAM 5.3 STRE 5.4 CITY 5.1 TITLE 5.7 NAM 5.3 STRE 5.4 CITY 5.4 CITY 5.7 TITLE 5.7 NAM 5.7 STRE 5.4 CITY 5.7 TITLE 5.7 NAM 5.7 STRE 5.4 CITY 5.7 CITY 5	EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP E E E E-ST-ZIP E		Change	Addition Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS	DELETE	1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAMI	EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP E E E E-ST-ZIP E		Change	Addition Addition Addition

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

**SIGNATURE:** 



÷

## A Solution in Accounting, Inc.

Financial Planning • Incorporating • Tax Returns

4700 North State Rd. 7, Ste. 221 • Fort Lauderdale, Florida 33319 (305) 485-5252 • Fax: (305) 485-4045

June 29, 1999

Department of State Division of Corporations Annual Reports Section P.O. Box 6327 Tallahassee, FL 32314

RE: ABC Aluminium Marine Products, Inc Ref # P98000057686

Dear Sirs:

Please be advised that we are the accountants for the above captioned corporation.

Enclosed please find copy of your letter regarding the annual renewel for the above named corporation. The named director was unsure as to how to complete the form correctly, therefore we have completed the form for him and ask at this time that the filing be accepted.

If any further information is needed, please contact the undersigned at the above address or telephone number.

Donna Kent Accountant

Sinceral

DK/11 Enc.