## 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 # \$51352** 1. Corporation Name INTERNATIONAL DOCK PRODUCTS, INC.

# **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90120 031 \*\*\*150.00

Principal Place of Business Mailing Address					( :	1814 81814 81831	1 E1841 BIBIT 1881
3101 SW 25TH STREET 3101 SW 25TH STREET					w as w.		
BAY 100 BAY 100 PEMBROKE PARK FL 33009 PEMBROKE PARK FL 33009					DO NOT WRITE IN THIS SPACE		
PEMBROKE PARK FL 33009 PEMBROKE PARK FL 33009					3. Date Incorporated or Qualifed		
					05/07/1991		ţ
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21 26					65-0264402	N	lot Applicable
Suite, Apt. #, etc. Suite		Suite, Apt. #, etc.	uite, Apt. #, etc.		5. Certificate of Status Desired		Additional
22 BAY 106 2		27 BAY 106			5. Colinicate of Outro 3003/100		Required
City & State		City & State	¬ '		6. Election Campaign Financing		May Be
		28			Trust Fund Contribution		to Fees
Zîp	Country	Zip	Country	,	8. This corporation owes the current year Inf	angible Yes	□No
24	25	29 30	<u> </u>		Personal Property Tax.  10. Name and Address of New Registered		
9. Name and Address of Current Registered Agent				Name	10. Hallis and Address of feat Magister as	- gain	
TURI	K, ELLIOTT						
3101 SW 25TH STREET			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		]
BAY 190x 106			83	<del> </del>			
PEMI	BROKE PARK FL 33009		L	<u> </u>		<del></del>	
			84	City	FL	85  Zip	Code
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statutes.	the abov	e-named co	progration submits this statement for the purpose of	changing if	s registered
office or re	agistared agent or both, in the State o	nt Florida. Such change was auth	ionzed by	the corpora	ation's board of directors. I hereby accept the appoint	ntment as r	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				nt signature requ	uired when reinstating) DATE		
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE	1		Change	Addition
NAME	TURK, ELLIOTT		1.2 NAME		D-11 406		
STREET ADDRESS			1.3 STREET ADDRESS		BAY 106		}
CITY-ST-ZIP	PEMBROKE PARK FL 33009		1.4 CITY-S	τ-ZIP		-67.05	T A defidient
TITLE			2.1 TITLE	ĺ	•		Addition
NAME	TURK, RITA		2.2 NAME		BAY 106		
STREET ADDRESS	- 14 · - 11 · - 11 · - 11 · - 11 · - 11		2.3 STREE	TADORESS	BAI 100	_	1
CITY-ST-ZIP	PEMBROKE PARK FL 33009		2.4 CITY-5	ST-ZIP		□ Change	Addition
TITLE		☐ DELETE	3.1 TITLE			Change	L WOOTOOL
NAME	•		3.2 NAME	}			}
STREET ADDRESS				TADORESS	·		
CITY-ST-ZIP	1	□ pci e+c	3.4, CITY-5	ST-ZIP		Change	Addition
TITLE !		☐ DELETE	4.1 ππ.E	}		Change	
NAME	•		4. 2 NAME	ĺ			]
STREET ADDRESS				T ADDRESS			}
CrTY-ST-ZIP				T-ZIP		Change	Addition
TITLE		□ nereir	5.1 TITLE 5.2 NAME	1			
NAME [	-		e e	T ADDRESS			{
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP		☐ DELETE	6.1 TTLE	1-21		☐ Change	Addition
TITLE			6.2 NAME	1			
NAME OTREET ARROPESS		i		T ADDRESS .			
SINCE PADRICES			6.4 CITY-S				
CITY-ST-ZIP				[			

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 combination or the receiver or to effect on this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if managed of bit an attachment with an address, with all other like empowered.

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR