

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 11:30

DOCUMENT # L55677

(3)

1. Corporation Name

AFTER HOURS MARINE, INC.

Principal Place of Business

C/O MICHAEL McDONALD
2380 S. W. 34TH STREET, SUITE "K"
FORT LAUDERDALE FL 33312

Mailing Address

C/O MICHAEL McDONALD
2380 S. W. 34TH STREET, SUITE "K"
FORT LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/05/1990

39. Date of Last Report
01/19/1994

4. FEI Number
65-0176214

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 3358 S.W. 49 Way

2a. Mailing Address

26 3358 S.W. 49 Way

Suite, Apt. #, etc.

22 Suite 3

Suite, Apt. #, etc.

27 Suite 3

City & State

23 Davie, FL

City & State

28 Davie, FL

Zip

24 33314

Country

25 Broward

Zip

29 33314

Country

30 Broward

9. Name and Address of Current Registered Agent

MCDONALD, MICHAEL
2380 S. W. 34TH STREET
SUITE "K"
FORT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
3358 S.W. 49 Way; Suite 3

83

84 City
Davie

FL

85 Zip Code
33314

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
MCDONALD, MICHAEL
2380 SW 34TH ST, S-K
FORT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MCDONALD, MICHAEL
2380 SW 34TH ST, S-K
FORT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 3358 S.W. 49 Way; Suite 3
1.4 CITY - ST - ZIP Davie, FL 33314

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 3358 S.W. 49 Way; Suite 3
2.4 CITY - ST - ZIP Davie, FL 33314

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

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

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael McDonald*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

2-16-95 305-791-5788
DATE SIGNATURE