Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90036 004 ***150.00

(0611)

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 # P9800075849 1. Corporation Name MARINE EXPORT CORPORATION					 	1111 - 1 411 - 14 113 - 14 14 1	1401 61 16 1 0 118	RIBIN INII ERN	
Principal Place		Mailing Address							
1911 MIMOSA / FORT PIERCE I		1911 MIMOSA AVENUE FORT PIERCE FL 34949			, DO NOT	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qua 08/31/1998				
2. Principal P	lace of Business	2a. Mailing Address			4. FEL Number 0859	989	No	plied For t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	7			ed 🗆	\$8.75 A Fee Re		
City & Stat		City & State			Election Campaign Finance Trust Fund Contribution	ing 🗆	\$5.00 Added to	•	
Zip	Country Zip Country 25 29 30			This corporation owes the Personal Property Tax.	!	Yes	[ZNo		
9. Name and Address of Current Registered Agent 81 Name					10. Name and Address of N	aw Registered /	igent		
HIGHSMITH, ROBERT E 1315 WHITEHEAD STREET			82	Street A	Address (P.O. Box Number is Not Acc	ceptable)			
KEY WEST FL 33040			83		<u> </u>		85 Zip C	Code	
11. Director to the equiples of Sections 507 0500 and 507 1508. Florida Statutes, the above-page					corporation submits this statement for	FL the purpose of c	changing its	registered	
office or re agent. I ar	to the provisions of Sections	of Florida. Such change was a	uthorized by	the corpo	ration's board of directors. I hereby a	ccept the appoin	tment as reg	gistered	
SIGNATURE	Signature, typed or printed name of registered agen-	t and title if applicable. (NOTE	: Registered Age	nt signature re	equired when reinstating)	DATE			
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO	OFFICERS AN			
TITLE	D	☐ DELETE	1.1 TITLE		ļ		☐ Change	Addition	
NAME	BERANEK, CHARLES R		1.2 NAME		i				
STREET ADDRESS	1911 MIMOSA AVENUE		1.3 STREE	T ADORESS	i i				
CITY-ST-ZIP	FORT PIERCE FL 34949		1.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	2.1 TITLE		:		☐ Change	Addition	
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREE	TADDRESS	:	:			
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE		;	•	☐ Change	☐ Addition	
NAME			3.2 NAME		•				
STREET ADDRESS			3.3 STREE	TADORESS		1	,		
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		1	Change	Addition	
TITLE		☐ DELETE	4.1 TITLE			r	Change	☐ Addition	
NAME			4. 2 NAME		:	1			
STREET ADDRESS				TADDRESS	·				
CITY-ST-ZIP		DELETE	4.4 CITY-S	T-ZIP			Change	Addition	
TITLE		L. VELETE	5.1 TITLE 5.2 NAME		•				
NAME CIDEET ADDDGGG				ADDRESS	ı			٠	
STREET ADDRESS			5.4 CITY-S	- 1	!	1			
CiTY-ST-ZIP TITLE		□ DELETE	6.1 TITLE			1	Change	Addition	
			6.2 NAME		i	:			
NAME CORRECT ADODESCE				T ADDRESS	:	•			

6.4 CITY-ST-ZIP

14. 1 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 changes; or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO