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

FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90259 021 ***150.00

1. Corporation	MENT # H Name N MARINE OF M									
Principal Place of Business Mailing Address			Mailing Address							
% MICHAEL BOWMAN % MICHAEL BC			% MICHAEL BOWMAN							
961 NW 7TH ST MIAMI FL 33136-3706			961 NW 7TH ST MIAMI FL 33136-3705				DO NOT W	RITE IN THIS	SPACE	
MIAMI PL 30130	-3/05		MIAMI PL 33130-3703			3.	Date Incorporated or Qualifo			
							10/23/1985			
2. Principal Pl	ace of Business		2a. Mailing Address			4.	FEI Number		Ar	plied For
21			26				65-0135925		No	t Applicable
Suite, Fpt. #, etc.			Suite, Apt. #, etc.			5	Certifcate of Status Desired			Additional
22			27						Fee Re	- juired
City & Sitate			City & State			6.	Election Campaign Financing	ng 🗆		May Be
23			28				Trust Fund Contribution			to Fees
Zip	Cour	· -	Zip ¬	Country	′		This corporation owes the c	urrent year Int		ГПала
24	25		9				Personal Property Tax.	Denister vd	Yes	No
	9. Name and Add	ress of Current Re	gistered Agent	81	Name	10.	Name and Address of Nev	w registeria	Agent	
BOW	MAN, MICHAEL									
961 NW 7TH ST					Street	Address (P.	.O. Bo∢Number is Not Acce	ptable)		
MIAMI FL 33126				83	-					
****				"		_				
				84	City			F'L	85 Zip	Code
. dd Durcu ant :	to the provisions of S	actions 607 050 2 an	d 607 1508 Florida State	Ites the above	e-named	carnoration	subm ts this statement for t	he purpose of	changing its	registered
office or re	egistered agent, or bu	th, in the State of Fl	orida. Such change was	authorized by	the corpo	oration's bo	ard of directors. I hereby ac	cept the ap soi	ntment as re	gistered
agent. Fai	m familiar with, and a	ccept the obligations	of, Section 607.0505, F	orida Statutes	š.					
SIGNATURE	Signature, typed or printed n	me of registered ager t and	title if applicable (NO	E: Registered Age	nt signature re	ecuired when re	einstating	DATE		
12.		OFFICERS AND D		13.		Δ	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTO	RS IN 12
TITLE	Р	DELET		1.1 TITLE					☐ Change	☐ Addition
NAME	GAGEN, MARY	Bagen, Mary		1.2 NAME						
STREET ADDRESS	961 NW 7TH ST			1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP						
TITLE	T		DELETE	2.1 TITLE		-			☐ Change	Addition
NAME	COLE, WALLACE,	, JR.	, ,	2.2 NAME						
STREET ADDRESS	961 NW 7TH ST			2.3 STREE	TADDRESS					
CITY-ST-ZIP	MIAMI FL			2. 4 CITY-	ST-ZIP					
TITLE			☐ DELETÉ	31 TITLE		TD			Change	Addition
NAME				32 NAME		Mi	chael Bowman			
STREET ADDRESS				3 3 STREE	TADDRESS		1 NW 7 Stree	t		ĺ
CITY-ST-ZIP				3.4. CITY-	ST-ZIP		ami, Florida			
TITLE			☐ OELETE	4.1 TITLE		Ī'D			☐ Change	XX Addition
NAME				4. 2 NAME		Zach	ary Bowman			
STREET ADDRESS				4.3 STREE	T ADDRESS	961	NW 7 Street			
CITY-ST-ZIP				4.4 CITY-5	ST-ZIP	<u>Mia</u> m	i, F1 33136			
TITLE	☐ DELETE		5.1 TITLE					☐ Change	Addition	
NAME				52 NAME						
STREET ADDF ESS				5.3 STREE	TADDRESS					
CITY-ST-ZIP				54 CITY-5	ST-ZIP	L				
TITLE			☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME				6.2 NAME						
STREET ADDF ESS				6.3 STREE	TADDRESS					
CITY-ST-ZIP				6.4 CITY-5	T-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.C7(3)(i), Florida Statutes. I further certify that the information indicated on this arrival report or supplementa annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that am an officer or director of the corporation of the receiver of trustee empowered to execute this report as required by Chap er 607, Florida Statutes; and that my name appears in Block 12 or Block 13 incharged or fin an attention that the information indicated on this arrival report is true and accurate and that my signature shall have the same legal effect as if made under oath; that am an officer or director of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver o

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

35-545634B