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 # P93000018469 1. Corporation Name

CERTIFIED MARINE, INC.

May 01, 1999 8:00 am Secretary of State

05-01-1999 90055 007 ***158.75



	V					_	88 3 8)
Principal Place		Mailing Address						
4020 US 98 S 4020 US 98 S								•
LKND FL 33813 LKND FL 33813			813			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
		· 				03/11/1993		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26	j]			59-3174063	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27	·			U. Conditions of Calabo Science	Fee	Required
City & State	e	City & State	City & State			6. Election Campaign Financing		O May Be
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Int		
24	25	29	30	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Cu	urrent Registered Agent				10. Name and Address of New Registered	Agent	
19695 OUR	NO MAT O			81	Name	•		
' . CHIL	DDO, PAT C		·	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	RIDGE ROAD	•						
LKNI	D FL 33813			83		The state of the s	3	
			ļ	84	City	FI AND THE	85 Zi	p Code
			1.4 16 06			pration submits this statement for the purpose of	-) [changing	its registered
office or n	egistered agent or both in the S	7,0502 and 607.1508, Florida State State of Florida. Such change was obligations of, Section 607.0505, F	s autnorized	DV 1	the corporatio	n's board of directors. I hereby accept the appo	intment as	registered
SIGNATURE		•				<u></u>		
SIGNATURE	Signature, typed or printed name of registere	ed agent and title if applicable. (NC		Agent	t signature required	d when reinstating) DATE	UD DIDEO	
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PS .	☐ DELETE	1,1 T(T	LE			Chang	e Addition
NAME	CHIODO, PAT C		12 NA	ME				
STREET ADDRESS	4305 RIDGE RD	·	1.3 STI	REET	ADDRESS			
CITY-ST-ZIP	LKND FL 33813		1.4 C/T	Y-ST	r-ZIP			
TITLE		☐ DELETE	2.1 TIT	LE		. 1	Chang	e Addition
NAME			2.2 NA	ME		•		
STREET ADDRESS	,	·	2.3 STI	REET	ADDRESS			,
CITY-ST-ZIP		. 2.4		2.4 CITY-ST-ZIP			_	
TITLE			3.1 TIT	3.1 TITLE			Chang	e 🔲 Addition
NAME			3 2 NA	ME				
STREET ADDRESS	,		3.3 STI	REET	ADDRESS			
CITY-ST-ZIP			3.4. CF					
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.1 717		$\overline{}$		Chang	ge C Addition
NAME			4, 2 N	ME				ĺ
STREET ADDRESS		•	4.3 ST	REET	ADDRESS			}
Į			4.4 CIT		`			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TIT				Chang	je 🔲 Addition
NAME	,	_ :=:	5.2 NA		1	• .		ł
STREET ADORESS			5.3 ST	REET	ADDRESS		,	ĺ
,			5,4 C/T	Y-ST	T-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TI				☐ Chang	je 🔲 Addition
		West Design	6.2 NA				_ •	
NAME					ADDRESS .			
STREET ADDRESS	•		0.5 31	- a_L	- Doncoo			

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 an attention with a address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: