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 # 482292 1. Corporation Name

BLUE MARINE, INC.

Principal Place of Business
18450 NW 144TH AVE
OKEECHOBEE FL 34972

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90065 045 ***150.00



Principal Place	e of Business	Mailing Address			(75517) 51557 15115 111			
18450 NW 144T	'H AVE	1104 PONCE DE LEON BLVD						
OKEECHOBEE F	FL 34972	CORAL GABLES FL 33134-03	322		DO N	OT WRITE IN THIS	SPACE	
US					3. Date Incorporated or Qualifed			
					08/13/1975			
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	,	Ap	plied For
	lace of Business	26		59-1639565		No	t Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75	dditional	
22	.,	27		5. Certifcate of Status De	esired	Fee Re	quired	
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be				
23		28	28		Trust Fund Contribution Added to Fees			o Fees
Zip Country			Zip Country		8. This corporation owes the current year Intangible			
24	25		30		Personal Property Tax		☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent	 	31 Name	10. Name and Address	or New Registered	Agent	
VELE		81				: <u> </u>		
	en, david I ponce de leon blvd		82 Street Ac		Idress (P.O. Box Number is Not Acceptable)			
	VAL GABLES FL 33134		-	B3	<u>- در در در دو هو آن</u> - در دوهمور او ۸ دو ر	ン・・・・ かいか <u>り かいかい かいかい かいかい かいかい かいかい かいかい かいか</u>	5.8 318 1 8 2 d	124
CON	AL CADELO I E GO 104		ľ	93		程序的编程		15 战器
	•		8	B4 City		FI	85 Zip (Code
	to the provisions of Sections 607.05	00 4 007 4500 Florido Statutos	tho ob	oue named com	noration submits this statemen	ot for the numose of	changing its	registered
- 60	anintered again or both in the State	s of Florida. Such change was allf	IDOLIZEU I	ov toe coroorau	ion's board of directors. I here	by accept the appo	ntment as re	gistered
agent, I a	m familiar with, and accept the obliga-	ations of, Section 607.0505, Florid	da Statut	es.		•		
SIGNATURE	Signature, typed or printed name of registered ago	ont and title if applicable (NOTE R	Registered A	gent signature require	ed when reinstating)	DATE	.:	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGE	S TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PDS	☐ DELETE	1.1 TITL	E	11 と 気		Change	☐ Addition
NAME	Pulitzer, Peter		1.2 NAM	Æ			*	
STREET ADDRESS	18450 NW 144TH AVE		1.3 STR	EET ADDRESS				
CITY-ST-ZIP	OKEECHOBEE FL		1.4 CITY	/-ST-ZIP		<u> </u>	<u> </u>	
TITLE		☐ DELETE	2,1 ∏∏L	E		-	Change	☐ Addition
NAME			2.2 NAM	AE Î	•			1
STREET ADDRESS				_	•			
CITY-ST-ZIP			2.3 STR	EET ADDRESS		•	2	
TITLE						· <u>-</u>		
		☐ DELETE		EET ADDRESS Y-ST-ZIP			Change	Addition
NAME .	,	☐ DELETE	2, 4 CIT	EET ADDRESS Y-ST-ZIP E		·-	Change	Addition
STREET ADDRESS		☐ DELETE	2. 4 CIT 3.1 TITL 3.2 NAM	EET ADDRESS Y-ST-ZIP E		5 12 to M	Change	Addition
			2. 4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4. CIT	Y-ST-ZIP E AE HEET ADDRESS Y-ST-ZIP				
STREET ADDRESS	·	☐ DELETE	2. 4 CIT 3.1 TITL 3.2 NAM 3.3 STR	Y-ST-ZIP E AE HEET ADDRESS Y-ST-ZIP			☐ Change	
STREET ADDRESS CITY-ST-ZIP			2. 4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAV	EET ADDRESS Y-ST-ZIP AE AE EET ADDRESS Y-ST-ZIP E ME				
STREET ADDRESS CITY-ST-ZIP TITLE	·		2. 4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAV	EET ADDRESS Y-ST-ZIP E AE HEET ADDRESS Y-ST-ZIP E	19 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A			
STREET ADORESS CITY-ST-ZIP TITLE NAME	·	☐ DELETE	2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CITY	EET ADDRESS Y-ST-ZIP AE AE EET ADDRESS Y-ST-ZIP E MME REET ADDRESS Y-ST-ZIP	(15 kg		_ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	·		2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAW 4.3 STR 4.4 CIT 5.1 TITL	EET ADDRESS Y-ST-ZIP AE AE EET ADDRESS Y-ST-ZIP E MME REET ADDRESS Y-ST-ZIP E REET ADDRESS Y-ST-ZIP E				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ DELETE	2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM	EET ADDRESS Y-ST-ZIP AE EET ADDRESS Y-ST-ZIP E ME ME EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS HEET ADDRESS H			_ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR	EET ADDRESS Y-ST-ZIP AE AE HEET ADDRESS Y-ST-ZIP E ME HEET ADDRESS Y-ST-ZIP E HEET ADDRESS Y-ST-ZIP E REET ADDRESS EREET ADDRESS			_ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2. 4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR 5.4 CIT	EET ADDRESS Y-ST-ZIP AE AE EET ADDRESS Y-ST-ZIP E MME REET ADDRESS Y-ST-ZIP E REET ADDRESS Y-ST-ZIP E REET ADDRESS Y-ST-ZIP			☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE		☐ DELETE	2. 4 CIT 3.1 TITL 3.2 NAN 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAN 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAN 5.3 STR 5.4 CIT 6.1 TITL	EET ADDRESS Y-ST-ZIP AE AE HEET ADDRESS Y-ST-ZIP E ME HEET ADDRESS Y-ST-ZIP E AE REET ADDRESS Y-ST-ZIP E AE AE REET ADDRESS Y-ST-ZIP E AE			_ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2. 4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR 5.4 CIT 6.1 TITL 6.2 NAM	EET ADDRESS Y-ST-ZIP AE AE HEET ADDRESS Y-ST-ZIP E ME HEET ADDRESS Y-ST-ZIP E AE REET ADDRESS Y-ST-ZIP E AE AE REET ADDRESS Y-ST-ZIP E AE			☐ Change	Addition Addition

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 attachment with an address, with all other like empowered.