

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 489923

(3)

1. Corporation Name
BAYFLITE MARINE, INC.



Principal Place of Business
440 S STATE RD 7
FT. LAUDERDALE FL 33317
US

Mailing Address
440 S STATE RD 7
FT. LAUDERDALE FL 33317-4043
US

3. Date Incorporated or Qualified
11/07/1975

3a. Date of Last Report
06/12/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1633272

Applied For
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23. Zip

Country

28. Zip

Country

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

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERGES, F BRUCE
17800 BISCAYNE BLVD
NORTH MIAMI FL 33180

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

440 S. STATE RD 7

83. ~~FT. LAUDERDALE~~

84. City
FT. LAUDERDALE

FL

85. Zip Code
33317

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 of principal or person in charge of registered agent (and not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE	PD	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERGES, F BRUCE	12. NAME	
STREET ADDRESS	440 S. STATE RD. 7	13. STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	14. CITY - ST - ZIP	
FILE	STD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERGES, BARBARA	22. NAME	
STREET ADDRESS	440 S. STATE RD. 7	23. STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	24. CITY - ST - ZIP	
FILE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
FILE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
FILE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
FILE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I do 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 contained 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.

SIGNATURE:

F. Bruce Merges
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 791-9300
Daytime Phone #

CR2E034 (9/96)