## 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 # 530344 1. Corporation Name

DOCK SUPPLIES & HARDWARE, INC.

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90155 040 \*\*\*300.00



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Principal Place	of Business	Mailing Address			2 INDIAN DIVER 11511 SECTO CITE BIRIL BIRIL BIRIL	. <b>0.1017 01011 013</b> 14	616ti 818ti 188t
752 NE 79 ST. 752 NE 79 ST. MIAMI FL 33138 MIAMI FL 33138					DO NOT WRITE IN THIS SPACE		
	· .				3. Date Incorporated or Qualifed 03/18/1977		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
21	•	26			59-1797483		ot Applicable
Suite, Apt. #, etc. Suite. 22		Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional equired
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country Zip		Country		8. This corporation owes the current year Intangible		
24			0		Personal Property Tax.		
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Registere	1 Agent	
1.454	CON MAY L			81 Name			İ
LARSON, MAX H 752 NE 79TH ST				82 Street Addr	ess (P.O. Box Number is Not Acceptable)	<del></del>	
MAIM	NI FL 33138			83			
	,	٠		04 63		85 Zip	Code
		•		84 City	F.		Code
office or re agent. I ar	agistered agent or both in the Sta	0502 and 607.1508, Florida Statutes ate of Florida. Such change was autigations of, Section 607.0505, Florid	norized	by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	registered egistered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: R	legistered	Agent signature require			
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 Til	JE		Change	☐ Addition
NAME	LARSON, MAX H.		1.2 N/	ME.	•		ĺ
STREET ADDRESS	752 NE 79 ST.		1.3 ST	REET AODRESS			
CITY-ST-ZIP	MIAMI, FL 00000		1.4 GE	ry-st-zip			
TITLE	STD	☐ DELETE	2.1 Tr	ne .	•	Change	☐ Addition
NAME	TIPPINS, CAROL SUE		2.2 N	ME			ì
STREET ADDRESS	752 NE 79 ST.		2.3 \$1	REET ADDRESS			Ì
CITY-ST-ZIP	MIAMI, FL 00000		2.4 C	TY-ST-ZIP			
TITLE		☐ DELETE	3.1 TI	TLE .	-	. Change	Addition
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CITY-ST-ZiP	٠,	·	3.4. C	TY-ST-ZIP			
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NAME	,		4. 2 N	AME			
STREET ADDRESS			4.3 S1	REET ADDRESS			Į
CITY-ST-ZIP			4 4 C	TY-ST-ZIP		:_	
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STREET ADDRESS			5.3 ST	REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		☐ DELETE	6.1 T	n.e.		. Change	☐ Addition
NAME			6.2 N	WE			
STREET ADDRESS			6.3 S1	REET ADDRESS			1
CITY-ST-ZIP	:	Λ	6.4 CI	TY-\$T-ZIP			

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 suppliemental annual report is to 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 of the receive for trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of on an attachment with an address, with all other like empowered.

**SIGNATURE:**