Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90041 028 \*\*\*150.00

## 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 # 565505

1. Corporation Name

HVIDE MARINE INTERNATIONAL, INC.

Principal Place of Business Mailing Address									
2200 ELLER DRIVE		2200 ELLER DRIVE		i					
P.O. BOX 19038		P.O. BOX 13038							
FORT LAUDERDALE FL 33316		FORT LAUDERDALE FL 30316			DO NOT WRITE IN THIS SPACE				
						corporated or Qualifed			
		O Marilla a Address			01/23 4. FEI Nui				nlind For
— ·	face of Business	2a. Mailing Address							plied For t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59F17	89754		\$8.75		
<del></del>		27		5. Certifo:	ite of Status Desired		Fee Re		
City & S:ate			City & State		6 Flectio	n Campaign Financing		\$5.00	May Bo
23		28			und Contribution		Added t	•	
Zip Country		Zip Country			rporation owes the curre	ent vear Intar	ngible		
24	25 29 30		30			Personal Property Tax.			[]No
	9. Name and Add ess of Curren				10. Name	and Address of New R	egistered A	gent	
			81	Name	DOREGI	B. LAM			
	I <del>GLAS; GENE</del>		82	Street		Number is Not Accepta			
	ELLER DR.		02	Sueet	AUDIESS (F.O. BUX	Mulliper is Mot Accepta	Die)		
FOR	T LAUDERDALE FL 33316		83						
			\ <u>.</u>	0.1				85 Zip (	Code
			84	City			FL	85 Zip (	Side
11. Pursua it	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	es, the abov	e-named	d co-poration submit	s this statement for the	purpose of c	hanging its	registered
office of r	egistered agent, or both, in the State m familiar with, and accept the obliga	o Florida, Such change was a	uthorized by	the corp	poration's board of d	irectors. I hereby accep	t the appoint	ment as re	gistereo
	The same accept the same						4/221	99	ļ
SIGNATURE	Signature. Just or punted narise of registered age	nt and title if applicable. (NOTI	: Registered Age	nt signature	required when reinstating)		DATE		
12.	OFFICERS AN	IC DIRECTORS	13.		ADDITIC	NS/CHANGES TO OFF			
TITLE	<b>VD</b> /	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	Sweeney, Eugene		1.2 NAME						
STREET ADDRE! S	2200 ELLER DR.		1.3 STREE	T ADDRESS	3				
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-5	ST-ZIP					
TITLE	VDT	☐ DELETE	2.1 TITLE					☐ Change	☐ Addition
NAME	BLANKLEY, JOHN		2.2 NAME						
STREET ADORE: S	2200 ELLER DRIVE		2.3 STREE	TADDRESS	3				
CITY-ST-ZIP	FT. LAUDERDALE, FL 0		2 4 CITY-	ST-ZIP					
TITLE	CPD	☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME	HVIDE, J ERIK		3.2 NAME						
STREET ADDRES S	2200 ELLER DR.		33STREE	TADDRESS	5				
CITY-ST-ZIP	FT. LAUDERDALE, FL 0		3.4. CITY-	ST-ZIP					
TITLE	V	☐ DELETE	4.1 TITLE					☐ Change	☐ Addition
NAME	Brauninger, andrew w		4. 2 NAME						!
STREET ADDRESS			4.3 STREE	TADDRESS	5				i
CITY-ST-ZIP	FT. LAUDERDALE, FL 0 33316		4.4 CITY-5	T-ZIP	ļ				
TITLE	<del>- A9-</del>	DELETE	51 TITLE					☐ Change	Addition
NAME	-STRONG, CHRISTOPHER D		5.2 NAME						
STREET ADDRESS	<del>- 2200-ELLER-DRIVE</del>			TADDRESS	5				İ
CITY-ST-ZIP	FT LAUDERDALE FL 33316		5.4 CITY-5	ST-ZIP	<del> </del>				
TITLE		☐ DELETE	6.1 TITLE		1			☐ Change	☐ Addition
NAME			62 NAME						
STREET ADDRESS			63 STREE	T ADDRESS	S				

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 or rify that the information indicate 1 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 comporation 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 charged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATU TE AND TYPED OR P WINTED NAME OF SIGNING OFFICER OR DIRECTOR