FILED Apr 30, 1999 8:00 am Secretary of State

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## 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

i. Corporation	MENT # 619340 MARINE, INC					A
Principal Place	of Business	Mailing Address		1 INEVIN Brinn finith idite fries nimit nate grins	) BIBII BIBI) BIBI PIGII	818111881
280 S.W. 32ND CT. FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33315				DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed 05/01/1979		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applie	
21		26	<u> </u>	59-1905286		pplicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.	<u></u>	5. Certificate of Status Desired	\$8.75 Addi Fee Requii	
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Ma Added to F	
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25	29 3	0	Personal Property Tax.		No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registere	d Agent	i
FRANCE, LAWRENCE A. *PLEASE SEE CHANGE 1001-N.MIAMI-BCH.BLVD- NORTH MIAMI-BEACH FL 33162			82 Street Add 280	ROBERT LATHAM  dress (P.O. Box Number is Not Acceptable) S.W. 32nd COURT  LAUDERDALE, FLORIDA	85 Zip Cod	le 5
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. I am familia with and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature. Vived or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinstating).  DATE						
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		Addition
TITLE	PS	☐ DELETE	1,1 TITLE			
NAME	LATHAM, ROBERT P.		1.2 NAME			
STREET ADDRESS	280 S.W. 32ND COURT	•	1.3 STREET ADORESS			ĺ
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	C oc. str	1.4 CITY-ST-ZIP		Change [	Addition
TITLE		☐ DELETE	2,1 TITLE		□ cuarige [	
NAME			2.2 NAME			
STREET ADDRESS	· - · - · .	• •	2.3 STREET ADDRESS			·
CITY-ST-ZIP			2.4 CITY-\$T-ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TITLE		Change	
NAME	•		3.2 NAME			
STREET ADDRESS	·		3.3 STREET ADDRESS	•		-
CITY-ST-ZIP			3.4. C/TY+ST-Z/P			
ΠTLE		☐ DELETE	4.1 TITLE	•	☐ Change (	☐ Addition
NAME			4, 2 NAME	•		
STREET ADDRESS	• •		4.3 STREET ADDRESS			,
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
ΠΠLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			1
STREET ADDRESS	,		5.3 STREET ADDRESS			
CITY ST 7IP	•		5,4 CITY-ST-ZIP			

CITY-ST-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 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

☐ Change

☐ Addition