

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90148 024 ***150.00

DOCUMENT # 622752

1. Corporation Name
FANTASTIC MARINE COMPANY, INC.



Principal Place of Business
% ROBERT D. WALKER
4050 S.W. 11TH TERRACE
FT. LAUDERDALE FL 33315

Mailing Address
% ROBERT D. WALKER
4050 S.W. 11TH TERRACE
FT. LAUDERDALE FL 33315

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3495 S.W. 9th Avenue
Suite, Apt. #, etc.

22 City & State

23 Ft. Lauderdale, Fl

24 33315 25 Broward

2a. Mailing Address

26 P. O. Box 14790
Suite, Apt. #, etc.

27 City & State

28 Ft. Lauderdale, Fl

29 33302 30 Broward

3. Date Incorporated or Qualified

05/23/1979

4. FEI Number

59-1924439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WALKER, ROBERT D.
4050 S.W. 11TH TERRACE
FT. LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name

Walker, Robert D.

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

3495 S.W. 9th Avenue

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33315

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WALKER, ROBERT D
STREET ADDRESS 4050 S W 11TH TERRACE
CITY-ST-ZIP FT LAUDERDALE, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Walker, Robert D.
1.3 STREET ADDRESS 3495 S. W. 9th Avenue
1.4 CITY-ST-ZIP Ft. Lauderdale, Fl

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 954-587-9308
Date Daytime Phone #

CR2E034 (11/98)

0295511