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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

DIXIE MARINE, INC.

## **FILED** Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					I SAMILIA OLINA INSIN KANIL OBNIL INDOL ALSI BIDIL DI	DES MEDIT MINIT MINIT NINIT INNS
21500 S. DIXIE HIGHWAY MIAMI FL 33189-2733		21500 S. DIXIE HIGHWAY MIAMI FL 33189-2733			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
8 Data da el Di	and Duciness	Lon Mailing Address	2a. Mailing Address		10/01/1979 4. FEI Number	Applied For
2. Principal Place of Business		— <u> </u>	26		59-1954374	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· <del></del>		_	\$8.75 Additional
22		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28	<u> </u>		Trust Fund Contribution	Added to Fees
Zip	Country	Zip 29	-¬ '		<ol> <li>This corporation owes or has paid the operation of the personal Property Tax due June 30.</li> </ol>	current year intangible
24	25 Same and Address of Curr		301		10. Name and Address of New Registered Agent	
VIA	D, JOHN C		81	Name		
	00 S. DIXIE HIGHWAY		82 Street Ad		dress (P.O. Box Number is Not Acceptable)	
	MI FL					
			83			
			84	City		85 Zip Code
	10 6 007.0	100 - 1007 1100 Fi-il- <b>0</b> 101 10	a the above		constinue of the statement for the purpose	
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 Statules.						
SIGNATURE	Signature, typed or printed name of registered	ageet and title if applicable (NOTE	: Registered Age	ent signature requ	uired when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1.1 TITLE			Change
NAME	VLAD, JOHN C	1.				
STREET ADDRESS	51000 O. D. M. L. 11111		1.3 STREET	l		
CITY-ST-ZIP	MIAMI FL	DELETE	1.4 CITY - S 2.1 TITLE	T-ZIP		Change Addition
TITLE NAME	_		2.2 NAME			
STREET ADDRESS	21500 S. DIXIE HWY		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP			
TITLE			3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP	Total Fit		3.4. CITY-	ST-ZIP		Change Addition
TITLE	DELETE		4.1 TITLE			Change Addition
NAME			4. 2 NAME	YDDBEGG		
STREET ADDRESS			4.3 STREET 4.4 CITY - S			
CITY-ST-ZIP TITLE	DELETE		5.1 TITLE	11-211		☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	T-ZIP		
TITLE		DELETE	6.1 TITLE			Change L. Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	- 1		
CITY-ST-ZIP	partify that the information supplied	with this filing does not qualify to	6.4 CITY-S	ition stated in	n Section 119.07(3)(i). Florida Statutes, I further	certify that the information
14. I hereby certify that the information supplied with this filing closs 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 armual 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 cytrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an axacture of with an address.						

4.20-98 305.232.2024