

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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90100 006 \*\*\*158.75

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**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 639446**  
 1. Corporation Name  
**JAMESTOWN METAL MARINE SALES, INC.**

Principal Place of Business  
 4710 NW 2ND AVE  
 SUITE 400  
 BOCA RATON FL 33431  
 US

Mailing Address  
 4710 NW 2ND AVE  
 SUITE 400  
 BOCA RATON FL 33431  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

3. Date Incorporated or Qualified  
**10/12/1979**

4. FEI Number  
**11-2311182**

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  
**HAZARD, EDWARD W.**  
**4710 NW 2ND AVE**  
**BOCA RATON FL 33431**

10. Name and Address of New Registered Agent  
 81 Name **RICHARD HAZARD**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**4710 N.W. SECOND AVE**  
 83  
 84 City **BOCA RATON** FL 85 Zip Code **33431**

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]* DATE **1-5-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	HAZARD, EDWARD W. JR.
STREET ADDRESS	4710 NW 2ND AVE
CITY-ST-ZIP	BOCA RATON, FL 00000
TITLE	P <input type="checkbox"/> DELETE
NAME	HAZARD, RICHARD
STREET ADDRESS	4710 NW 2ND AVE.
CITY-ST-ZIP	BOCA RATON FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	AMAN, DAVID
STREET ADDRESS	4710 NW 2ND AVE.
CITY-ST-ZIP	BOCA RATON FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	RITCHIE, DOUGLAS
STREET ADDRESS	4710 NW 2ND AVENUE
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PRESIDENT & DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **Treasurer** **1/5/99** **561-994-3900 x132**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)