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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90081 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 640843

1. Corporation Name

MARINE PERSONNEL SERVICES, INC.

Principal Place of Business

2200 ELLER DR.
% GENE DOUGLAS, PO BOX 13038
FORT LAUDERDALE FL 33316

Mailing Address

2200 ELLER DR.
% GENE DOUGLAS, PO BOX 13038
FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1979

4. FEI Number

59-1939320

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

DOUGLAS, GENE
2200 ELLER DR.
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name GERALD FARMER

82 Street Address (P.O. Box Number is Not Acceptable)
2200 ELLER DRIVE

83 P.O. BOX 13038

84 City FORT LAUDERDALE

85 Zip Code
FL 33316

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 of Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

03/08/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HVIDE, J ERIK
STREET ADDRESS 2200 ELLER DRIVE
CITY-ST-ZIP FT LAUDERDALE, FL 00000

TITLE ☐ DELETE

NAME FARMER, GERALD
STREET ADDRESS 6711 N. OCEAN BLVD #8
CITY-ST-ZIP OCEAN RIDGE FL 33435

TITLE ☐ DELETE

NAME DOUGLAS, GENE
STREET ADDRESS 2200 ELLER DRIVE
CITY-ST-ZIP FT LAUDERDALE, FL 00000

TITLE ☐ DELETE

NAME FARMER, LORRAINE
STREET ADDRESS 6711 N. OCEAN BLVD #8
CITY-ST-ZIP OCEAN RIDGE FL 33435

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

03/08/99

Date

Daytime Phone #

CR2E034 (1/98)