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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # 642115

1. Corporation Name

MARINE WORLD, INC.

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90055 021 ***150.00

Principal Place	e of Business	Mailing Address						
5 TOMOKA PLA	ACE	5 TOMOKA PLACE				1		
SUMMERFIELD FL 32691 SUMMERFIELD FL 32691			91			DO NOT WRITE IN THIS	SPACE	
						3. Date incorporated or Qualifed 10/18/1979	- NOL	
Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
Z. Principal Pi	lace of Business					59-2915338	⊢	Not Applicable
Euita Ast	# etc	Suite. Apt. #, etc.			··-			5 Additional
Suite, Apt.	#, etc.	27				5. Certificate of Status Desired		Required
City & State	Δ	City & State				6. Election Campaign Financing	\$5.0	0 May Be
		28				Trust Fund Contribution Added to Fees		
Zip Zip	Country	Zip Country				8. This corporation owes the current year into	angible	
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre			7		10. Name and Address of New Registered	Agent	
				81	Name			1
WALSH, GAIL M 5 TOMOKA PLACE				82	Street Addr	ress (P.O. Box Number is Not Acceptable)	•	,
-	IMERFIELD FL 32691							-
				83		<u> </u>	<u></u>	s c = 14.4 .
				84	City		85 Z	ip Code
agent, I a SIGNATURE	m familiar with, and accept the oblig	_				nd when reinstating) DATE		
12.	OFFICERS A	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	P	☐ DELET	1.1 °	ITLE			[]] Chang	ge 🗌 Addition
NAME	WALSH, RAYMOND J		1.21	NAME				
STREET ADDRESS	5 TOMOKA PLACE		1.3 \$	TREET	ADDRESS			
CITY-ST-ZIP	SUMMERFIELD FL		1.4 (CITY-SI	Γ-ZIP			
TITLE	ST	☐ DELETI	E 2.1	TITLE			Chang	ge 🗌 Addition
NAME	WALSH, GAIL M.		2.21	NAME				ļ
STREET ADDRESS	5 TOMOKA PLACE		2.3	TREET	ADDRESS			
CITY-ST-ZIP	SUMMERFIELD FL	ERFIELD FL 2.4		CITY-S	iT-ZiP	And the second control of the second control		
TITLE		☐ DELET	E 3.1	ITTLE	İ		Chang	ge 🗀 Addition
NAME			3.2	MAME				
STREET ADDRESS			3.3	STREET	T ADDRESS			
CHY-ST-ZIP			CITY-S	T-ZIP				
TITLE		☐ DELET	E 4.11	TITLE			Chan	ge
NAME			4. 2	NAME				Ì
STREET ADDRESS			4.3	STREET	TADDRESS			ì
CITY-ST-ZIP				спу-ѕ	T-ZIP			
TITLE		☐ DELET				·	Chan	ge 🔲 Addition
NAME				VAME			•	
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP			- Clarr
TITLE	1	☐ DELET	€ 6.1	TITLE	1	•	☐ Chan	ge 🔲 Addition 🛭
							_	*1
NAME				NAME	T ADDRESS			٦

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 appliess, with all other like empowered.

SIGNATURE:

RAYMOND J. WALSH

-352-804-0391