Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

May 14, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

07/01/1981

59-2118930

4. FEI Number

05-14-1999 90009 042 ***300.00

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		(1814) (1881) BYDDY BYDD	 	

DOCUMENT	#	694	.79	7
1. Corporation Name				

M. I. T. MARINE ELECTRIC CORP.

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business

9410 FLORIDA MINING BLVD JACKSONVILLE FL 32257-1178

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28 Zip

29

9410 FLORIDA MINING BLVD JACKSONVILLE FL 32257-1178

DO NOT WRITE IN THIS SPACE

 \Box

ALLEN, BRINTON & SIMM 3200 INDEPENDENT SQUARE								
		82	Street	Address (P.O. Box Number is Not Acceptable)				
SUIT	E 300		83	} 				
	KSONVILLE FL 32202							
BACKGOTTFILL TE GEEDE		84	City		FL	85 Zi	ip Code	
office or re	to the provisions of Sections 607.0502 and 607.1508 egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	i change was auth	orized by	the corp	d corporation submits this statement for the purp poration's board of directors. I hereby accept the	ose of c	hanging tment as	its registere registered
SIGNATURE								
	Signature, typed or printed name of registered agent and title if applicable			nt signature	Todamor International	ATE	- DIDEO	TODO IN 40
12.	OFFICERS AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICE		Chang	
TITLE	VS	□ pereie	1.1 TITLE				□ Cliang	te 🗀 vagi
NAME	KOKKINOS, IRENE		1.2 NAME					
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NAME	KOKKINOS, MICHAEL T		2.2 NAME					
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NAME (6.2 NAME					
STREET ADDRESS			6.3 STREET	T ADDRESS	8			
CITY, ST. 7IP			6.4 CITY-S	T-ZIP				

Country

81 Name

30

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.