

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F59646**

1. Corporation Name

MARKER MARINE, INC.

Principal Place of Business

112 LAKE SHORE DRIVE
NORTH PALM BEACH FL 33408
US

Mailing Address

112 LAKESHORE DRIVE
NORTH PALM BEACH FL 33408
US

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

27. Suite, Apt. #, etc.

23

City & State

24

28. Zip

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

DELEO, RALPH J.
112 LAKESHORE DRIVE
NORTH PALM BEACH FL 33408

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELEO, RALPH J.				
STREET ADDRESS	112 LAKESHORE DRIVE				
CITY-ST-ZIP	NORTH PALM BEACH FL 33408				
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESTORTI, LOUIS J				
STREET ADDRESS	445 E. PALMETTO PARK ROAD				
CITY-ST-ZIP	BOCA RATON FL 33432				
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESTORTI, LOUIS J				
STREET ADDRESS	445 E. PALMETTO PARK ROAD				
CITY-ST-ZIP	BOCA RATON FL 33432				
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESTORTI, LOUIS J				
STREET ADDRESS	445 E. PALMETTO PARK ROAD				
CITY-ST-ZIP	BOCA RATON FL 33432				
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESTORTI, LOUIS J				
STREET ADDRESS	445 E. PALMETTO PARK ROAD				
CITY-ST-ZIP	BOCA RATON FL 33432				
TITLE	DP <input type="checkbox"/> DELETE	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESTORTI, LOUIS J				
STREET ADDRESS	445 E. PALMETTO PARK ROAD				
CITY-ST-ZIP	BOCA RATON FL 33432				

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: *Ralph J. Deleo, R. Director*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99 860-3549301

Daytime Phone #

CR2E034 (11/98)