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PROFIT CORPORATION ANNUAL REPORT

1997



appears in Block 12 or Block 13 if changed, or on an attachment on a

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F88503

(0)

ECONOMY MARINE SERVICE, INC.

	Feb 06 1997 8:00am
	Secretary of State
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E HERMANIA HINI KUNTA KATOR BUKIN MANAN AKAN ATAN MARKA BIRIN BIRIK BIRIK BIRIK BIRIK BIRIK BIRIK BIRIK BARAN

FILED

Principal Place of Business	Mailing Relations	······						
Principal Place of Business 122 S.W. 54 AVE. PLANTATION FL 33317	122 S.W. 54 AVE. PLANTATION FL 33317-36	Mailing Address 122 S.W. 54 AVE. PLANTATION FL 33317-3632						
US	U\$				3. Date Incorporated or Qualified 06/28/1982	3a. Date of Las 06/11/1996		
2. Principal Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For	
21	26				59-2282386		Not Applicable	
Suite, Apt #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State				6. Election Campaign Financing	Election Campaign Financing \$5.00 May Be		
23	28				Trust Fund Contribution		d to Fees	
Zip Country	Zip	Country			8. This corporation has liability for in		r s. 199.032,	
24 25 9. Name and Address of Current	29	30			Florida Statutes 10. Name and Address of New Reg	Yes No		
	r negistered Agent		81	Name	10. Name and Address of New Hat	histolan whalit		
GORALCZYK, THEODORE J 122 SW 54TH AVE			•	(4pmc				
PLANTATION FL 33317			82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
PLANIAHON PL 33317		ŀ	83	-				
			-					
			84	City		FL 85 Z	ip Code	
11. Pursuant to the provisions of Sections 607,0502	2 and 607 1508 Florida Statu	itae the st) OOVE	named corp	oration submits this statement for the p	· · · · · · · · · · · · · · · · · · ·	n ite registered	
office or registered agent, or both, in the State	of Florida. Such change was	authorized	d by	the corporation	on's board of directors. I hereby accep	t the appointment	as registered	
agent. I am tamiliar with, and accept the obliga	itions of, Section 607.0505, Fi	iorida Stat	utes		•			
SIGNATURE Signarure Typ+shor printed name of regulated agen	st and title if applicable (NO	TE Doniclared	4 400	d evocalura require	ed when reinstating)	DATE	 	
12. OFFICERS AND		13.	o viño	a signature redoite	ADDITIONS/CHANGES TO OFFICE		ORS IN 12	
TITLE DP	DELETE	1,1 10	TLE			Chang		
NAME GORALCZYK, THEODORE J		1.2 NA						
STREET ADDRESS 122 S W 54TH AVE		1.3 ST	AFFT	address				
CHY-ST-ZIP FT LAUD, FL 00000		1.4 CI						
TITLE	DELETE	2.1 10				Chang	e Addition	
NAME		2.2 NA	AME					
STREET ADDRESS	■		2.3 STREET ADDRESS					
C/TY-ST-7IP			ITY-S	T-ZIP				
TITLE	DELETE 3.1		-		, , , , , , , , , , , , , , , , , , , ,	Chang	e Addition	
NAME		3.2 NA	AME					
STREET ADDRESS		3.3 ST	TREET	ADDRESS				
City-S*-7iP		3.4. C	ITY-S	T-ZIP			•	
TITLE	DELETE	4.1 TI	TLE			☐ Chang	e Addition	
NAME		4. 2 N	AME					
STREET ADDRESS		4.3 ST	TREET	ADDRESS	<i>i</i>		*	
CHY-ST-ZIP		4.4 CI	TY-S	- ZIP				
TITLE	DELETE	5.1 TI	TLE			☐ Chang	e Addition	
NAME		5.2 NA	AME					
STREET ADDRESS		5 3 ST	REET	ADDRESS	÷			
CHY-ST-2P		5.4 Ci	TY-\$	T - ZIP	·			
TITLE	☐ DELEYE	6.1 TI	TLE			Chang	e Addition	
NAME		6.2 NA	AME					
STREET ADORESS		6.3 ST	REET	ADDRESS				
CITY-SY-ZIP								
14. I do hereby certify that the information supplied		6.4 CI	TY-S	r- 21P				