

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90018 048 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # F93000000668

1. Corporation Name
BARRETT MARINE, INC.

Principal Place of Business
268 SW 33RD ST.
FT. LAUDERDALE FL

Mailing Address
268 SW 33RD ST.
FT. LAUDERDALE FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1993

4. FEI Number

06-1350991

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. ☐ Yes ☒ No

2. Principal Place of Business

21 **2960 S.W. 2nd Ave.**

2a. Mailing Address

26 **2960 SW 2nd Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Ft. Lauderdale, FL**

City & State

28 **Ft. Lauderdale, FL**

Zip

24 **33315**

Country

25 **Broward**

Zip

29 **33315**

Country

30 **Broward**

9. Name and Address of Current Registered Agent

**FINK, EDWARD R.
2455 E. SUNRISE BLVD. PH-E
FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

81 Name **Steven Cocchia**

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

913 SW 17th

83

84 City **Ft. Lauderdale**

FL

85 Zip Code **33315**

11. Pursuant to the provisions of sections 607.0502 and 607.1408, 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 **Steven Cocchia**

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCD** ☒ DELETE
NAME **LUCCHESI, JOHN**
STREET ADDRESS **106 MILL PLAIN**
CITY-ST-ZIP **DANBURY CT 06811**

TITLE **S** ☒ DELETE
NAME **SHEVOCK, JOHN P**
STREET ADDRESS **2455 E. SUNRISE BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

TITLE **--** ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PCD** ☒ Change ☐ Addition
1.2 NAME **Steven Cocchia**
1.3 STREET ADDRESS **913 SW 17th**
1.4 CITY-ST-ZIP **Ft Lauderdale 33315**

2.1 TITLE **vicky yenger** ☒ Change ☐ Addition
2.2 NAME **913 SW 17th**
2.3 STREET ADDRESS **Ft Lauderdale 33315**
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.

SIGNATURE: X **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0069211