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FILED
Apr 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005458 (3)

1. Corporation Name

GULF AND ATLANTIC MARITIME SERVICES, INC.



Principal Place of Business

Mailing Address

99 WOOD AVE., S.
ISELIN NJ 08830

99 WOOD AVE., S.
ISELIN NJ 08830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1995

4. FEI Number

13-3451774

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PARDO, JOHN
3625 NW 82ND AVE., #307
MIAMI FL 33166

Different
address:

10. Name and Address of New Registered Agent

81 Name

John Pardo

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

3785 NW 82nd Ave #209

83

84 City

MIAMI

FL

85 Zip Code

33166

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

TITLE ☐ DELETE

NAME
MCCAILL, BRENDAN
STREET ADDRESS
99 WOOD AVE., S.
CITY-ST-ZIP
ISELIN NJ

TITLE ☐ DELETE

NAME
DAUN, STELLAN
STREET ADDRESS
99 WOOD AVE., S.
CITY-ST-ZIP
ISELIN NJ

TITLE ☐ DELETE

NAME
GODETTE, ANN
STREET ADDRESS
99 WOOD AVE., S.
CITY-ST-ZIP
ISELIN NJ

TITLE ☐ DELETE

NAME
JONES, RUSSELL
STREET ADDRESS
99 WOOD AVE., S.
CITY-ST-ZIP
ISELIN NJ

TITLE ☐ DELETE

NAME
PEIRCE, GRAHAM
STREET ADDRESS
99 WOOD AVE S
CITY-ST-ZIP
ISELIN NY 08830

TITLE ☐ DELETE

NAME
TEMPLE, DAVID
STREET ADDRESS
99 WOOD AVENUE SOUTH
CITY-ST-ZIP
ISELIN NJ 08830

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
DIRECTOR
JAN VAN DOOREN
1.3 STREET ADDRESS
99 Wood Ave S.
1.4 CITY-ST-ZIP
Iselin, NJ 08830

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
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

[Signature]

3107198 732-744-8191

CR2E034 (10/97)