

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

000326

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90111 022 ***150.00

DOCUMENT # **F95000005458**

1. Corporation Name

GULF AND ATLANTIC MARITIME SERVICES, INC.

Principal Place of Business

99 WOOD AVE., S.
ISELIN NJ 08830

Mailing Address

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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ 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
3785 NW 82ND AVE
#209
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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	P	<input type="checkbox"/> DELETE
NAME	MCCAHILL, BRENDAN	
STREET ADDRESS	99 WOOD AVE., S.	
CITY-ST-ZIP	ISELIN NJ	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	DAUN, STELLAN	
STREET ADDRESS	99 WOOD AVE., S.	
CITY-ST-ZIP	ISELIN NJ	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GODETTE, ANN	
STREET ADDRESS	99 WOOD AVE., S.	
CITY-ST-ZIP	ISELIN NJ	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JONES, RUSSELL	
STREET ADDRESS	99 WOOD AVE., S.	
CITY-ST-ZIP	ISELIN NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEIRCE, GRAHAM	
STREET ADDRESS	99 WOOD AVE S	
CITY-ST-ZIP	ISELIN NY 08830	
TITLE	VP	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Director
2.3 STREET ADDRESS	Jan Van Dooren
2.4 CITY-ST-ZIP	99 Wood Avenue South
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99

Date

732-744-8191

Daytime Phone #

CR2E034 (11/98)