

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

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

05-10-1999 90163 028 ***150.00

DOCUMENT # G06151

1. Corporation Name
SESKO MARINE TRAILERS, INC.

Principal Place of Business
P.O. BOX 524082
MIAMI FL 33152

Mailing Address
P.O. BOX 524082
MIAMI FL 33152



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1982

4. FEI Number

~~59-1387567~~ 59-2293767

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 the current year Intangible
Personal Property Tax.

☐

Yes

☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 6151 NW 72 ave.

Suite, Apt. #, etc.

22

City & State

23 Miami FL

Zip

24 33166

Country

25 USA

2a. Mailing Address

26 6151 NW 72 ave

Suite, Apt. #, etc.

27

City & State

28 Miami FL

Zip

29 33166

Country

30 USA

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 D. ☐ DELETE

NAME NASH, GARY A
STREET ADDRESS 4715 NW 72ND AVE.
CITY-ST-ZIP MIAMI FL

TITLE P. ☐ DELETE

NAME ABBADIE, WILLIAM
STREET ADDRESS 7840 SW 183RD TERRACE
CITY-ST-ZIP MIAMI FL

TITLE VTD ☐ DELETE

NAME NASH, FRANCOIS D
STREET ADDRESS 11712-C RAIN TREE LAKE LANE
CITY-ST-ZIP TEMPLE TERRACE FL 33617

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 DIRECTOR ☐ Change ☒ Addition

1.2 NAME NASH, GARY J. P.
1.3 STREET ADDRESS # 307, 8750 SHERMAN CIR. N
1.4 CITY-ST-ZIP MIRAMAR, FL 33025

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

Date

305-888-6337

Daytime Phone #

CR2E034 (11/98)

0022616