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

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90013 024 ***150.00

DOCUMENT #	H15273
1. Comoration Name	1110210

ABLE MARINE AND BOAT YARD, INC.

Principal Place of Business	Mailing Address			7 110	MIMIS BIME HAMI MITCH HANGE		. GLULI SIBIL	01011 01011 #1831 1401
7930 HAWTHORNE AVENUE 7930 HAWTHORNE AVENUE MIAMI BEACH FL 33141 MIAMI BEACH FL 33141			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
				08/06	/1984			
2. Principal Place of Business	2a. Mailing Address			4. FEI Nur	mber		Ĺ	Applied For
21	26			26-52	<u> 23593 </u>			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				te of Status Desired		• -	75 Additional ee Required
City & State	City & State		-	1	Campaign Financing und Contribution			.00 May Be Ided to Fees
Zip Country	Zip 29 30	Country		f	rporation owes the curr al Property Tax.	ent year 1	ntangible	
9. Name and Address of Current Registered Agent				10. Name a	and Address of New I	Registere	d Agent	
BROOKS, ROY H., JR.		81	Name Street Addre	ess (P.O. Box	Number is Not Accept	able)		
2625 PONCE DE LEON BLVD.								
CORAL GABLES FL 33134		83						
		84	City	12 12 13		F	┗╎╎	Zip Code
 Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the 	State of Florida. Such change was author	orized by	the corporatio	oration submitted or submitted	s this statement for the irectors. I hereby acce	purpose opt the app	of changir ointment	ng its registered as registered
SIGNATURE						DATE		
Signature, typed or printed name of registe	ered agent and title if applicable. (NOTE: Rec RS AND DIRECTORS	gistered Agen	t signature required		NS/CHANGES TO OF	DATE FICERS A	ND DIR	ECTORS IN 12
12. OFFICE		ADDITIO	INSIGNATIOES TO OF	1 IOENG F	MAD DIVE	-01010114 12		

Addition Change □ DELETE 1.1 TITLE TITLE PICCIOLO, MATSUI 1.2 NAME NAME 7930 HAWTHORNE AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 1.4 C/TY-ST-Z/P CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE TITLE 2.1 TITLE PICCIOLO, RAYMOND J 2.2 NAME NAME 2537 TORTUGAS LN 2.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE ST PICCIOLO, DAVID J 3.2 NAME NAME 7930 HAWTHORNE AVE 3.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY+ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TTLE TILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TTTLE ☐ Change ☐ Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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:

PED OR PRINTED NAME OF SIGNING OFFICER

CR2E034 (11/98)