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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

AAA MARINE PRODUCTS, INC.

FILED May 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			······································		···	T VEDILOK OYAK OTITI YORKA BELITO ABTIK ODITI OTRET OTOTA OTOTA ÖTDIL ÖTDIL OTOTA OTOTA OTOTA		
4022 54TH AVE NORTH 4022 54TH AVE NORTH								
ST PETERSBURG FL 33714-2250			ST PETERSBURG FL 33714-2250					
						DO NOT WRITE IN THIS SP	ACE	
						3. Date Incorporated or Qualified		
- B	Name of O	I a second				07/18/1985		
2. Principal Place of Business		Entry T	2a, Mailing Address			4, FEI Number	Applied For	
21 Cuito Ant H ata			26			59-2880360	Not Applicable	
Suite, Apt. #, etc. 22 2		├┐ ·	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 27							<u>`</u>	
23	28]					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	-	Zip Count					
24	25	29	30	2111, y		8. This corporation owes or has paid the current Personal Property Tax due June 30.	· — ·	
24	g, Name and Address of Curr		1301	Τ		10. Name and Address of New Registered Ag		
					Name			
				62	Street Add	eet Address (P.O. Box Number is Not Acceptable)		
LEES B URG FL 34748				83				
				84	City	FL	85 Zip Code	
44 Disament	to the participan of Capting CO7.0	00 and 007 1000 Florida Plat	100 110 0				l la	
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.								
agentia	m familiar with, and accept the obl	igations of, Section 607. 0 505, Fi	onda Sta	lules	. .			
SIGNATURE Signature, typicd or profed name of registered against and title of applicabile (NOTE Registered Agent signature required when reinstating) DATE On the control of the control								
10		ND DIRECTORS (NO	13.	a Age	ni signature req.	DATE ADDITIONS/CHANGES TO OFFICERS AND D	IDECTORS IN 12	
12.	PTD	DELETE	1.1]	!TLF		· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME	BOSSERMAN, JOHN G.		1.2 N			-	• • • •	
STREET ADDRESS	4022 54TH AVE NORTH				ADDRESS			
\	ST PETERSBURG FL		1.3 SI		1			
CITY-ST-ZIP	S DELETE		211		1-217		Change Addition	
NAME	BOSSERMAN, JACKIE				1	_		
STREET ADDRESS	4022 54TH AVE. N.			2.3 STREET ADDRESS				
	ST. PETERSBURG FL							
CITY-ST-ZIP TITLE	GI. PETERIODORIA PE	DELETÉ	3.1 T	HY-S	01 · 70P		Change	
		المام	3.1 N			_	2 Olimika T Madillou	
NAME OTOGET ADDRESS					4000000			
STREET ADDRESS					ADORESS			
CITY-ST-ZIP	<u> </u>	DELETE		HY-S	1 - ZIP		Change Addition	
TITLE	•	F"I DETECT	411			L	J Orlango LLJ Mudicion	
NAME				IAME				
STREET ADDRESS					ADDRESS			
C/TY-ST-ZIP		T and the		(1Y - S1	T · ZIP		105-pag	
TITLE		☐ DELETE	5.1 T		ļ	L	Change Addition	
NAME			5.2 N					
STREET ADDRESS			5.3 \$	TREET	ADDRESS			
CITY-ST-ZIP				ITY-SI	I - 7IP			
TITLE		☐ DELETE	6.1 11	TLE			Change Addition	
NAME	*		6.2 N	AMF				
STREET ADDRESS			6.3 S	TREET.	ADDRESS			
CITY-ST-ZIP			6.4 C	11Y-S1	I-ZIP			

14. Thereby 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 occeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607 or an adjustment with an address.