PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J37148

1. Corporation Name

L & C CUSTOM MARINE, INC.

Principal Place of Business

% J. CAMERON STORY, III
500 EAST BROWARD BOULEVARD
FT LAUDERDALE FL 33394

Mailing Address

1516 SW 28 WAY

FT LAUDERDALE FL 33312

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FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90099 002 ***150.00



DO NOT WRITE IN THIS SPACE

,		-				3. Date Incorporated or Qualified 10/06/1986			
2 Dringing D	and of Rusiness	2a. Mailing Address				4. FEI Number	I An	plied For	
	Principal Place of Business 2a. Mailing Address					59-2729791	 -	t Applicable	
Suite Ant	Suite, Apt. #, etc. Suite, Apt. #, etc.					\$	8.75	Additional	
22 27			_			5. Certificate of Status Desired Fee Required			
City & State City & State						6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip	ip Country Zip			try		8. This corporation owes the current year Intangil	ble	√	
24	29 3	30			Personal Property Tax. Yes No				
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Age	nt		
OTODY & CANEDON III				31)	Name				
STORY, J. CAMERON, III				32 Street Address (P.O. Box Number is Not Acceptable)					
500 E BROWARD BLVD				\perp					
F.1 L	auderdale FL 33394		[8	33				ł	
,			.	84	City	85 Zip Code			
				Į	•	FL []	{		
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									
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statuties, till above riamed culpinator studies till a statuties til									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist					tered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1			20.11.40	
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICERS AND D	Change	Addition	
TITLE	PD DELETE		1.1 TITLI			LJ	Change		
NAME	BUDAHAZY, LASZLO		1.2 NAM		Ĭ			{	
STREET ADDRESS			1.3 STREET ADDRESS		DORESS			{	
CITY-ST-ZIP	FT LAUDERDALE FL			1.4 CITY-ST-ZIP			Change) Addition	
TITLE	VD DELETE		2.1 TITLE			IJ	Change	[] Addition	
NAME	GLASER, CRYSTAL		2.2 NAM					ſ	
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS)	
CITY-ST-ZIP	FT LAUDERDALE FL			2.4 CITY-ST-ZIP			Change	Addition	
TITLE	DELETE		3.1 TITUE		} ,	,	Change		
NAME (3.2 NAM		}			ſ	
STREET ADDRESS			1		NODRESS			}	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		-ZIP		Change	Addition	
TITLE	☐ DELETE		4,1 TITLE		ľ	Ц	Onatige.		
NAME			4, 2 NA					-	
STREET ADDRESS					NODRESS)			Ì	
CITY-ST-ZIP			4,4 CITY		ZIP		Change	. Addition	
TITLE 3.ITT	□ OELETE			. 5.1 TITLE 5.2 NAME		Ц	orialiyo	. L. Addition	
NAME			1		nnnece	•		{	
STREET ADDRESS.	$\overline{}$		1		ADDRESS			-	
CITY-ST-ZIP	<u></u>	FIRETE	5.4 CITY 6.1 TITL		ZIP		Change	Addition	
TITLE		☐ DELETE	6.2 NAM		ļ	, , , , , , , , , , , , , , , , , , ,	Ollariye	T LIGORDII	
NAME			1					1	
STREET ADDRESS					ADDRESS			}	
CITY-ST-ZIP	<u> </u>		6.4 CITY	r-87-	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 informatic 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

SOFT LOSS USECRUSTADG/ASER 4//J/9
RE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/14/9 9 (954)337-1777 Dayline Phone # CR2E034 (11/98)