

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 PM 4:18

DOCUMENT # J61178 (6)
1. Corporation Name
AMERICAN MARINE COVERING, INC. - OCEAN REEF

Principal Place of Business Mailing Address
% ROBERT LAPOINTE **% ROBERT LAPOINTE**
2A FISHING VILLAGE DR. OCEAN REEF **2A FISHING VILLAGE DR. OCEAN REEF**
KEY LARGO FL 33037 **KEY LARGO FL 33037**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/05/1987** 3a. Date of Last Report **05/23/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2770073	☐ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☒ Yes ☐ No
23	28		
Zip	Country		
24	29		
25	30		

9. Name and Address of Current Registered Agent

LAPOINTE, ROBERT
2-A FISHING VILLAGE DRIVE
OCEAN REEF CLUB
KEY LARGO FL 33037

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	DPT
NAME	LAPOINTE, ROBERT
STREET ADDRESS	10535 SW 124 RD
CITY - ST - ZIP	MIAMI FL
TITLE	VS
NAME	LAPOINTE, CHERYL
STREET ADDRESS	10535 SW 124 RD
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	(21P) 33186
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	(21P) 33186
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 no address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. LaPointe

3/6/95

Date

305/367-2277

Display Phone #