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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90041 029 ***150.00

DOCUMENT # K06496

SEARLICK OCEAN SYSTEMS CORPORATION

SCADUL	N OCENH STOTEMO OCTIL	OHATION						
Principal Place	e of Business	Mailing Address				 		
2200 ELLER DE		2200 ELLER DR.						
P.O. BOX 13038		P.O. BOX 13038						
FT LAUDERDALE FL 33316		FT LAUDERDALE FL 33316		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or C	Qualifed		
					12/11/1987		1.14	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			ol ed For
21		26			65-0021811		\$8.75 A	\pplicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status De	sired	Fee Re	I	
City & Ctat		City & State			6. Electior Campaign Fir		\$5.00	
City & Stat	e	28			Trust Fund Contributio	- 11	Added to	- 1
Zip	Country	Zip	Country	v	8. This co poration owes			
24	25	29 3		,	Personal Property Tax	•		[]No
	9. Name and Address of Current		,		10. Name and Address of		l Agent	
			81	Name (ROBERT B.	1 0 00 00		
−00 4	JOLAS, GENE ·		L.			LAMM	<u> </u>	
) ELLER DR.		82	Street Ad-11	ress (P.O. Box Number is Not	Acceptable)		
FT L	AUDERDALE FL 33316		83	3				
			_	-			85 Zip C	`- do
			84	City		FI	_ 85 Zip C	.cue
11. Pursuant	to the provisions of Sections 607.0502	2 and 607 1508 Florida Statutes	the above	o named co r	poration submit : this statemen	t for the purpose (f changing its	registered
office o r agent. I a	registered agent, or both, in the State of mediate with and accept the obligat	nt Florida. Such change was auti	horized by	/ the corpora:i	ion's board of d rectors. I here	by accept the app	pintment as rec	gi stered
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CITY-ST-ZIP 14. Hereby certify that the information supplied with this filing does not qualify fir 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 conforation 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 chapted, or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE: