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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K10423

(7)

MORRISSEY'S MARINE SERVICE, INC.

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Mailing Address

## FILED Jan 14 1997 8:00am Secretary of State



% MICHAEL D. MORRISSEY       % MICHAEL D. MORRISSEY         5300 SW 57TH COURT       5300 SW 57TH COURT         DAVIE FL 33314       DAVIE FL 33314-7424		٥								
					3.	Date Incorporated or Qualified 01/04/1988	3a. Date o		port :	
2. Principal Pla	ace of Business	2a. Mailing Address			4.	FEI Number		Αp	plied For	
21		26				39-4724547		No.	t Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				Certificate of Status Desired	\$	8.75 A	Additional	
22		27			5.	Certaicate of 5,atcs Desired		Fee Re	quired	
City & State	· · · · · · · · · · · · · · · · · · ·	City & State			6.	Election Campaign Financing	· <del></del> ;	\$5.00	Mav Be	
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip Country			8.	8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29 30				Florida Statutes				
	<ol><li>Name and Address of Current</li></ol>	Registered Agent			10.	Name and Address of New Re	gistered Age	nt		
MOF	RRISSEY, MICHAEL D.			81 Name						
5300 SW 57TH COURT				82 Street	Address (F	P.O. Box Number is Not Acceptal	hlei			
	IE FL 33314			UL Ollecti	/\dai 000 (i	.c. Jox Mailbai la Mar Macapia	5107			
				83	•					
				0.1 0':				5 Zip C		
				84 City						
11. Pursuant to	o the provisions of Sections 607,0502 agistered agent, or both, in the State on m familiar with, and accept the obliga	and 607.1508, Fiorida Sta of Florida, Such change wa tions of, Section 607.0505.	itutes, the a is authorize Florida Sta	cove-named d by the corp utes.	corporatio poration's l	n submits this statement for the locard of directors. I hereby acce	purpose of chapt the appoint	inging its ment as	registered registered	
SIGNATURE										
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (N	NOTE: Registere	d Agent signature	required wher	reinstating)	DATE			
12.	OFFICERS AND		13.		,	ADDITIONS/CHANGES TO OFFI				
TITLE	D	☐ DELETE	1.5 TI	īlē				Change	Addition	
NAME	MORRISSEY, MICHAEL D.		1.2 N	AME					1	
STREET ADDRESS	5300 SW 57TH COURT		1.3 5	THEET ADDRESS	Į					
CITY-ST-ZIP	DAVIE FL		14C	TY-ST-ZIP						
TITLE	D	☐ DETELE	2.1 T	TLE				Change	Addition	
NAME	MORRISSEY, CHARLES E.		2.2 N	AME						
STREET ADDRESS	5300 SW 57TH COURT		2.3 S	REET ACCRESS						
CITY-ST-Z:P	DAVIE FL		2.40	ITY-ST-ZiP		<u> </u>				
TITLE		DELETE	3.1 T	TLE.		945 *1	)	Change	Addition (	
NAME	· · · · · · · · · · · · · · · · · · ·		3.2 N	AME						
STREET ADDRESS			3.3 \$	REET ADDRESS						
CITY-ST-ZIP			3.4. 0	iTY-ST-ZiP						
TITLE		☐ DELETE	4.1 T					Change	Addition	
NAME			4 21	AME						
STREET ACCRESS			4,3 S	TREET ADDRESS						
CITY-ST-ZIP			44 C	TY-S7-ZIP						
71715		DELETE	5.1 T		ĺ			Change	Addition	
NAME			5.2 N	AME	1					
STREET ADDRESS			1	TREET ACORESS						
CITY-ST-ZIP				TY-ST-ZIP	İ					
71718		☐ DELETE	6.1 7					Change	Addition	
NAME			6.2 X							
STREET ADDRESS			1	TREET ACCRESS						
CITY-ST-ZIP				TY-ST-ZIP	1					
14. I do hereb	by certify that the information supplied indicated on this annual report or si	I with this filing does not au			tated in Se	ection 119.07(3)(i), Florida Statute	es. I further ce	rtify that	the .	
informatio	n indicated on this annual report or si	upplemental annual report	is true and	accurate and	that my si	ignature shall have the same leg	al effect as if n	nade und	der cath; that	

14. I do hereby certify that the information supplied with this filling does not quality 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 changed, or on an attachment with an address.