

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 20, 1999 8:00 am**  
**Secretary of State**

09-20-1999 90004 001 \*\*\*550.00

0127109

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K16720**

1. Corporation Name

**CLC MARINE SERVICES INC.**

Principal Place of Business

4275 ORANGE DRIVE  
FT. LAUDERDALE FL 33314

Mailing Address

4275 ORANGE DRIVE  
FT. LAUDERDALE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/29/1988**

4. FEI Number

**65-0050734**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip

**25**  
Country

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**29**  
Zip

**30**  
Country

9. Name and Address of Current Registered Agent

**DELOITTE TOUCHE LLP**  
**100 SOUTHEAST SECOND STREET**  
**SUITE 2500**  
**MIAMI FL 33131**

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 ☐ DELETE  
NAME **P**  
STREET ADDRESS **ARMITAGE, PETER BT**  
CITY-ST-ZIP **CHURCH LANE, CURDRIDGE, SOUTHAMPTON**  
**HAMPSHIRE UK - S03 2DR**

TITLE ☐ DELETE  
NAME **VP**  
STREET ADDRESS **ADAMS, CHRISTOPHER**  
CITY-ST-ZIP **CLIFTON COTTAGE BUCKS HEAD HILL, MEONSTOK**  
**SOUTHAMPTON, HAMPSHIRE UK S03 -INA**

TITLE ☐ DELETE  
NAME **VP**  
STREET ADDRESS **WEISBERG, DAVID**  
CITY-ST-ZIP **21 RICHWOOD PLACE**  
**DENVILLE NJ 07834**

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **ISLES, MARK W**  
CITY-ST-ZIP **209 CUTBUSH LANE, TOWNHILL PARK**  
**SOUTHAMPTON, HAMPSHIRE UK S018 -SGF**

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **THWAITES, JENNY**  
CITY-ST-ZIP **18 TWIGGS END CLOSE, LOCKS HEATH**  
**SOUTHAMPTON, HAMPSHIRE UK S031 -7ET**

TITLE ☐ DELETE  
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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 **ILES, MARK W.**  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP **SOUTHAMPTON, HAMPSHIRE UK S018 -2GF**

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 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 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 an address.

SIGNATURE:

**SIGNATURE REQUIRED**

**M.W.ILES**

**9/2/99**

**44-1703**  
**-522148**

CR2E034 (5/99)