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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90027 040 \*\*\*150.00

i. Corporation	MENT # K50873 NATE MARINER COMPANY									
Principal Place	e of Business	Mailing Addre	ess					II B1811 61614 81	8() \$18() (88)	
1881 NE 26TH	STREET	1881 NE 26TH	STREET					•		
SUITE 212A		SUITE 212A				DO NOT WEE	FE IN TUBO C	,		
FT. LAUDERDALE FL 33305		FT. LAUDERDALE FL 33305 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				1
US		US				12/12/1988				ļ
O Driveinel O	lace of Business	2a. Mailing A	ddroee			12/12/1900 4. FEI Number		Anr	lied For	ĺ
<u> </u>	lace of business	26 Vialing A	duress			65-0103013		<del>}</del>	Applicable	
Suite, Apt.	#. etc.	Suite, Ap	t. #, etc.	_				\$8.75 A		ĺ
22		27				5. Certifcate of Status Desired		Fee Red	quired	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be					
23		28		_		Trust Fund Contribution	Ш	Added to	Fees	
Zip	Country	Zip		Country		8. This corporation owes the curre		ngible -		1
24	25	29	30	ļ,		Personal Property Tax.			No	1
	9. Name and Address of Curren	t Registered Age	nt			10. Name and Address of New R	Registered A	.gent		i
MAD	TINI, GREGORY T.			81	Name					ĺ
	LEJEUNE ROAD	,		82	Street Addre	ess (P.O. Box Number is Not Accepta	able)			ĺ
	AL GABLES FL			-						ĺ
CON	AL GABLES I L			83						ĺ
				84	City	· · · · · · · · · · · · · · · · · · ·		85 Zip C	ode	ĺ
						U	FL	hanaina ita I	rogistored	ĺ
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	ot Fiorida. Such ci	nange was autho	orizea ov	me corporado	oration submits this statement for the on's board of directors. I hereby accep	the appoint	tment as reg	istered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 6	07.0505, Florida	Statutes.						
SIGNATURE	Signature, typed or printed name of registered ager	A and title if emplicable	/NOTE: Par	nistered Agen	t signature requirer	d when reinstating)	DATE			١,
12.		D DIRECTORS	(1012.10)	13.	. organization / organization	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12	2
TITLE	PST		DELETE	1.1 TITLE				Change	Addition	
NAME	MARTINI, ERIC T.			1.2 NAME						;
STREET ADDRESS	1881 NE 26TH ST #216			1.3 STREET	ADDRESS					1
CITY-ST-ZIP	FORT LAUDERDALE FL			1.4 CITY-ST	-ZIP					1 8
TITLE			] DELETE	2.1 TITLE				Change	☐ Addition	٩
NAME	1			2.2 NAME						
STREET ADDRESS				2.3 STREET	ADDRESS					l
CITY-ST-ZIP				2.4 CITY-\$	T-ZIP		<del>.</del> ,			1
TITLE			DELETÉ	3.1 TITLE				☐ Change	☐ Addition	İ
NAME				3.2 NAME	1					
STREET ADDRESS				3.3 STREET	ADDRESS			•		
CITY-ST-ZIP				3.4. CITY-5	T-ZIP					
TITLE			DELETE	4.1 TITLE				☐ Change	Addition	1
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREET	ADDRESS					
CITY-ST-ZIP				4.4 CITY-ST	r-ZIP					
TITLE			DELETE	5.1 TITLE				Change	Addition	
NAME	,			5.2 NAME						
STREET ADDRESS	•			5.3 STREET	ADDRESS					
CITY-ST-ZIP				5.4 CITY-ST	T-ZIP			-=		
TITLE			DELETE	6.1 TITLE				Change	Addition	
NAME			:	6.2 NAME						
STREET ADDRESS	*			6.3 STREET	ADDRESS					1

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP