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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

K56900 DOCUMENT # K56900 1. Corporation Name FLAGSHIP MARINE SERVICES, INC. (9)

FILED May 01 1996 8:00 am Secretary of State

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Principal Place o		Mailing Address 1430 ROSE GARDEN F	iD.			
CAPE CORAL		CAPE CORAL FL 3391	-			
					3. Date (promograted or Qualified	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number Applied For 65-0092787 Not Applied	
21		26				
Suite, Apt. #. etc.		Suite, Apt. #, etc.	k		5. Certificate of Status Desired See Required	
27		City & State	<u> </u>		6 Election Campaign Financing \$5.00 May Be	
City & State		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30		Florida Statutes Yes No	
	9. Name and Address of Cur	rrent Registered Agent			10. Name and Address of New Registered Agent	
			81	Name	Samo -	
	itz, steven G.		82	Street Add	iress (P.O. Box Number is Not Acceptable)	
2300 GLADES ROAD EAST TOWER			83			
BUCA N	ATON FL 33431		63			
			84	City	FL 85 Zip Code	
SIGNATURE	OFFICERS	aged a set to large set le (N AND DIRECTORS	ME Registered Agent	signature of pilo	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS	AND DIRECTORS DELETE	1 1 TUTUE	7	Keri Pecers Shaver ☐ Change XX Adddt	
NAME	PETERS, BRUCE	***	1.2 NAME		169 Pine Street	
STREET ADDRESS	1441 S.W. 57TH STREET		1.3 STRSET		Ramsey, New Jersey 07446	
City - St - ZIP	CAPE CORAL FL		1.4.0HY-51			
TITLE		☐ DELFTE	2 1 T.TLF		Lori L. Peters	
NAME			2.2 NAME		548 Russell Avenue	
STREET ADDRESS			23 STREET	1.5	Wykoff, New Jersey 07481	
CITY-ST ZIP		[7] DELFTE	2 4 CiTY - ST 3 1 TifLE	i - ZIP	Change XX Addit	
TITLE		□ Mail II	3 2 NAME	1	Bruce Wirren Peters, II	
NAME			33 STREET	ADDRESS	548 Rus:ell Avenue	
STREET ADDRESS CITY-ST-ZIP			34 Cilly - S		Wykoff, New Jersey 07481	
TITLE		DELETE	4 1 TITLE		Change Add	
NAME			4.2 NAME			
STREET ADDRESS			4 3 STREET	ADDRESS		
CITY-ST ZIP			4.4 CITY - S	1 - ZIF	P1 01 P1 4.10	
TITLE		☐ DELETE	5 1 TiTLE		Change Addi	
NAME			5.2 NAME			
STREET ADDRESS			53STREET			
CITY-ST-ZIP		DELETE	5 4 CITY - S 6 1 TITLE	1 · ZIP	☐ Change ☐ Addi	
TIFLE		C DECEIE	6 2 NAMÉ			
NAME			6 3 STREFT	ADDRESS		
STREET ADDRESS			64 CHY - S	T-71P		
CHTY ST ZIP	and 5, that the information surve	short with this films is voluntarily for	rnished and doe	s not qual f	y for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furth	

I do hereby certly that the information supplied with this tiling is voluntarily furnished and does not quality for the exemption stated in Section 113.07(a)(i), hand distilled the certify that the information indicated on this annual report or supplientental 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,

CR2E034 (12/95)