

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K63531** (3)

1. Corporation Name

FRASER MARITIME SERVICES, INC.

Principal Place of Business

**C/O GEORGE O. MITCHELL
2650 BISCAYNE BLVD.
MIAMI FL 33137**

Mailing Address

**C/O GEORGE O. MITCHELL
2650 BISCAYNE BLVD.
MIAMI FL 33137**



2. Principal Place of Business

2a. Mailing Address

21 **100 So. BISCAYNE BLVD**

26 **100 So. BISCAYNE BLVD**

Suite, Apt., Etc.

Suite, Apt., Etc.

22 **700**

27 **700**

City & State

City & State

23 **MIAMI FL**

28 **MIAMI FL**

Zip

Zip

24 **33131**

29 **33131**

Country

Country

25 **USA**

30 **USA**

9. Name and Address of Current Registered Agent

**MITCHELL, GEORGE O
2650 BISCAYNE BLVD.
MIAMI FL 33137**

3. Date Incorporated or Qualified

02/06/1989

3a. Date of Last Report

08/03/1995

4. FET Number

65-0098167

Applied for
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contributions

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

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 607.0522 and 607.1505, 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 607.0905, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Agent

Signature

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	FRASER, LEWIS A	
STREET ADDRESS	100 S. BISCAYNE BLVD., #700	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	☐ DELETE
NAME	FRASER, LEWIS A	
STREET ADDRESS	1005 BISCAYNE BLVD. #700	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement of annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/95

FL-2000-Form 1

CR2E034 (12/95)