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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(9)

FILED Jan 15 1998 8:00am Secretary of State

	UILET (FLEA N	MARINET FOI	CES), INC.									
Dala algal Diga	ce of Business		Mailing Ad		 			-{	I (IR BRANTIN)			
1			•					1				
C/O DELROY JOSEPHS C/O DELROY JOSEPHS 4301 W NINE ST. 4301 W NINE ST.												
KISSIMMEE FL 34746 KISSIMMEE FL 34746								DO NOT WAI	ITE IN THIS S	PACE		
								3. Date Incorporated or Qualified	d			\neg
1								08/22/1989				
2. Principal Place of Business 2a			2a. Mailing	a. Mailing Address			4. FE! Number			Applied For		
21			26	26				65-01 <u>4</u> 1491		_ [Vot Appilcat	ole
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional	\neg
22			27					3. Certificate of Status Desired		Fee i	Required	
City & Stat	te		City & S	State				6. Election Campaign Financing		\$5.0	May Be	
23			28					Trust Fund Contribution	🗓	Adde	to Fees	[
Zip		untry	Zip		Count	try		8. This corporation owes or has	· —			
24	25	-40	29		30			Personal Property Tax due Ju			∐ No	<u> </u>
ļ			ent Registered Ag	jent		81 1	Name	10. Name and Address of New	Hegistered /	agent		
	SEPHS, ELEANO				°	" '	Name					
1	01 W. NINE STRE				82 Street Add			ss (P.O. Box Number is Not Accept	table)			
j KR	SSIMMEE FL 3474	16							·		<u></u>	_
					8	33						
					8	34 (City		per y	85 Zir	Code	
							<u> </u>		<u>FL</u>			
11. Pursuant	to the provisions of registered agent, or	Sections 607.05 both, in the Stat	i02 and 607.1508, e of Florida. Such	Florida Statut	es, the abo authorized l	ove-n by th	named corpo ne corporatio	ration submits this statement for the on's board of directors. I hereby acc	e purpose of cept the appo	changing sintment a	its registere s reaistered	ed
agent, 1 a	ım familiar with, and	accept the oblig	gations of, Section	607.0505, Flo	orida Statut	tes.			1			
SIGNATURE												
	Signature, typed or printed		gent and title if applicable ND DIRECTORS) (NOT		Agent s	signature required	d when reinstating)	DATE		OCIN 40	<u> 6</u>
12.		OPPICEDS AP						ADDITIONO/CHANGES TO OF	EIGEDS AND			1.54
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I nelegy being that the mormation supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Horida 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.

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407-396-4555