

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L36907** (8)

1. Corporation Name
ACTION MARINE TOWING INC.



Principal Place of Business

**P O BOX 545903
SURFSIDE FL 33154**

Mailing Address

**P O BOX 545903
SURFSIDE FL 33154**

3. Date Incorporated or Qualified
12/15/1989

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
59-2993311

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

9. Name and Address of Current Registered Agent

**STEWART, THOMAS M
9971 W. BAY HARBOR DR., #307
BAY HARBOR ISLAND FL 33154**

10. Name and Address of New Registered Agent

81 Name
Thomas M. Stewart

82 Street Address/P.O. Box Number (if Not Applicable)
10110 W. Bay Harbor Dr. #5

84 City

Bay Harbor Is.

FL

85 Zip Code
33154

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 **Thomas M. Stewart**

4-14-96

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **STEWART, THOMAS M**
STREET ADDRESS **9971 W. BAY HARBOR DRIVE, #307**
CITY-ST-ZIP **BAY HARBOR ISLAND FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 NAME
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
**10110 W. Bay Harbor Dr. #5
Bay Harbor Islands, FL 33154**

21 NAME ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 NAME ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 NAME ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 NAME ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 NAME ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 119.07(3)(k), 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: **Thomas M. Stewart**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-96 305-864-1736

Date Day/No Phone #

CR2E034 (12/95)