SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT 1. Corporation Name | # | L37304 |
|-------------------------------|---|--------|
| 1. Corporation Name | | |

SAFE HARBOUR MARITIME, INC.

| Side FRONT STREET STOCK ISLAND FL 3000 2. Principal Place of Business 2. Principal Place of | BA KARIF KEBUR KIKIN DERIK AKBI AKBI, BIRKI BIRKI BIRKI AKBIK BIRKI BURK 1888) |
|--|--|
| STOCK ISLAND FL 3040 | 1 |
| 2. Principal Place of Business 2. Additional Place of Business 2. Principal Place of Business 2. Additional Place of Business 3. Additional Place of Business | |
| 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 12/19/1999 2. Principal Place of Business 2. A FEI Number Applied Fo Not Applied 2. Suite, Apt. #, etc. S. Certificate of Status Desired S. F. Additions Suite, Apt. #, etc. S. Certificate of Status Desired S. F. Additions Fee Required 2. Principal Place of Business 2. Suite, Apt. #, etc. S. Certificate of Status Desired S. F. Additions Fee Required 2. Suite, Apt. #, etc. S. Certificate of Status Desired S. F. Additions Fee Required 2. Suite, Apt. #, etc. S. Certificate of Status Desired S. F. Additions Fee Required 2. Suite, Apt. #, etc. S. Certificate of Status Desired S. F. Additions Fee Required 2. Suite, Apt. #, etc. S. Certificate of Status Desired S. F. Additions Fee Required 2. Country Zip Country S. This corporation ower the current year intargible Personal Property res Name 2. Name and Address of Current Registered Agent S. These Country Registered Age | DO NOT WRITE IN THIS SPACE |
| 12/19/1989 12/1989 12 | |
| 2. Principal Place of Business 2. Mailing Address 4. FEI Number Applied Fo Study April 19 | |
| Suite, Apt. #, etc. | |
| Suite, Apt. 8, efc. Suite, Apt. 8, efc. Suite, Apt. 8, efc. Suite, Apt. 8, etc. Scartificate of Status Desired S8.75 Additions Fee Required S5.00 May Be Added to Fees S2.00 May Be Added to Fees Added to Fees Added to Fees Added to Fees S2.00 May Be Added to Fees Added to | |
| Signature, byte or printed name of migratered agent and stee in Elegistered Agent authorized by the 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 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 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 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 application of the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. ITILE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. STREET ADDRESS CITYST2JP DATE OCONNELL, JOSEPH J. JR 12. NAME O'CONNELL, JOSEPH J. JR 12. NAME ORDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. STREET ADDRESS AND FLORIDARY STREET ORDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. STREET ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. STREET ADDRESS ADDITIONS/CHANGES TO OFFICERS AND Change Add | \$8.75 Additional |
| City & State City & State City & State City & State City & State City & State City & State Country | Statue Begrad M. I |
| Added to Fees Added to Fee | paign Financing \$5.00 May Be |
| 9. Name and Address of Current Registered Agent TOOLE, DANA G. 608 W. HORATIO STREET SUITE B TAMPA FL 33606 10. Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of sections 607,0502 and 607,1508, 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 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 office or registered agent and the displaces (NOTE: Registered Agent algorithms recurred when reinstalling) SIGNATURE Signature, typed or printed name of negletered agent and the displaces (NOTE: Registered Agent algorithms recurred when reinstalling) DATE 12. OFFICERS AND DIRECTORS IN 1: TITLE P D'CONNELL, JOSEPH J. JR JS TREET ADDRESS TITLE P D'CONNELL, JOSEPH J. JR JS TREET ADDRESS TITLE ST CRUMBLEY, WALTER S STREET ADDRESS CRUMSLEY, WALTER S STREET ADDRESS STOCK ISLAND FL 33040 DELETE 21 TITLE DELETE 32 STREET ADDRESS STOCK ISLAND FL 33040 Change Add Add STREET ADDRESS STOCK ISLAND FL 33040 Change Add Add Christ-Zip TITLE ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS AD | |
| TOOLE, DANA G. 608 W. HORATIO STREET SUITE B TAMPA FL 33606 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, in an accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: TITLE OCONNELL, JOSEPH J. JR STREET ADDRESS CITY-ST-ZIP TITLE CRUMBLEY, WALTER S STREET ADDRESS CITY-ST-ZIP STOCK ISLAND FL 33040 DELETE 1.1 TITLE DIRK PATRIAGICA Change Add Add Change Add CHYST-ZIP TITLE DIRK PATRIAGICA Change Add CHYST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP STOCK ISLAND FL 33040 DELETE DELETE STOCK ISLAND FL 33040 DELETE DELETE ADDITIONS/CHANGES OF NEW Registered Agent digrature required when renstating) DIRK PATRIAGICA Change Add Ch | on owes the current year |
| TOOLE, DANA G. 608 W. HORATIO STREET SUITE B TAMPA FL 33606 11. Pursuant to the provisions of sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, the above-named 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, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agents with a familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agents when releasting) SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: TITLE POSENDATIONS OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: 12. NAME 12. NAME 12. NAME 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: 14. CITY-ST-ZIP DADE CITY FL 33525 14. CITY-ST-ZIP DELETE 22. STREET ADDRESS STOCK ISLAND FL 33040 Change Add C | sonal Property. Yes No |
| TOOLE, DANA G. 608 W. HORATIO STREET SUITE B TAMPA FL 33606 82 Street Address (P.O. Box Number is Not Acceptable) 83 TAMPA FL 33606 84 City FL 85 Zip Code 11. Pursuant to the provisions of sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: 14. CITYST-ZIP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: 16. TITLE 17. TITLE 18. DIRK PATRIAFICA Change Add Change Add Change Add CHANGE STREET ADDRESS 6810 FRONT STREET STOCK ISLAND FL 33040 DELETE 22. NAME 3.3 STREET ADDRESS GROWN STREET 3.3 STREET ADDRESS 3.4 CITYST-ZIP DIRK PATRIAFICA Change Add CHANGE TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE CHANGE 3.3 STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE CHANGE 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHANGE 3.3 STREET ADDRESS STR | Idress of New Registered Agent |
| 82 Street Address (P.O. Box Number is Not Acceptable) 83 TAMPA FL 33606 84 City FL 85 Zip Code 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, uped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: TITLE P OCONNELL, JOSEPH J. JR 12 NAME OCONNELL, JOSEPH J. JR 13 STREET ADDRESS CITY-ST-ZIP DADE CITY FL 33525 14 CITY-ST-ZIP DATE 12 NAME CRUMBLEY, WALTER S 23 STREET ADDRESS 6810 FRONT STREET CITY-ST-ZIP DELETE 31 TITLE 32 STREET ADDRESS 6810 FRONT STREET TOCK ISLAND FL 33040 DELETE 33 STREET ADDRESS CITY-ST-ZIP DELETE 31 STREET ADDRESS 6810 FRONT STREET CITY-ST-ZIP Change Change Change Change Change Change Add CHANGE ADDITIONS/CHANGES IN CHANGES TO OFFICERS AND DIRECTORS IN 1: Change Change Add Change | |
| SUTTE B TAMPA FL 33606 84 City FL 85 Zip Code 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent elginature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: TITLE P OCONNELL, JOSEPH J. JR 12 NAME CITY-ST-ZIP DADE CITY FL 33525 14. CITY-ST-ZIP DADE CITY FL 33525 14. CITY-ST-ZIP DIRK PATRIAR CA Change Add Add Change Add Change Add Change Add Change Add CHY-ST-ZIP CHANGE CHANGE 3.3 STREET ADDRESS 6810 FRONT STREET CITY-ST-ZIP DELETE 3.1 TITLE 3.3 TITLE 3.3 STREET ADDRESS 6810 FRONT STREET CITY-ST-ZIP CHANGE CHANGE 4.2 NAME 3.3 STREET ADDRESS 6810 FRONT STREET CITY-ST-ZIP CHANGE CHANGE CHANGE CHANGE CHANGE Add Change Add Change Add Change Add Change Add CHANGE CHANGE CHANGE AND CHANGE CHANGE CHANGE AND CHANGE CHANGE AND CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: Change Add Change Add CHANGE Add CHANGE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: Change Add Change Add CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: CHANGE CHANGE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: Change Add CHANGE | er is Not Acceptable) |
| TAMPA FL 33606 84 City FL 85 Zip Code 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and patch the obligations of sections 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and site of applicable (NOTE: Registered Agent eignature required when reinstating) DATE | , |
| 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the collisions of, section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, section 607.0505, Florida Statutes SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: TITLE P OCCONNELL, JOSEPH J. JR 12 NAME O'CONNELL, JOSEPH J. JR 12 NAME O'CONNELL, JOSEPH J. JR 13 STREET ADDRESS P.O. BOX 953 N/A 13 STREET ADDRESS P.O. BOX 953 N/A 13 STREET ADDRESS CITY-ST-ZIP STOCK ISLAND FL 33040 DELETE 17TILE ST STOCK ISLAND FL 33040 DELETE J STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STOCK ISLAND FL 33040 Change Change Change Change Change Change Change Add Change Change Add Change Change Add Change Change Add Change Add Change Change Add Change Change Change Add Change Change Change Add Change Change Add Change Change Add Change Change Change Change Add Change Change Change Change Change Add Change Change Change Change Add Change | |
| 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algorithment required when reinstating) DATE | 85 Zin Code |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, hyped or printed name of registered agent and title if applicable (NOTE: Registered Agent eignature required when reinstating) DATE | FL 50 = 1 |
| TITLE P DELETE 1.1 TITLE Change Add Add STREET ADDRESS CITY-ST-ZIP DADE CITY FL 33525 TITLE ST DADE CRUMBLEY, WALTER S STREET ADDRESS 6810 FRONT STREET STOCK ISLAND FL 33040 TITLE ST STOCK ISLAND FL 33040 DELETE STOCK ISLAND FL 33040 TITLE ST STOCK ISLAND FL 33040 DELETE STOCK ISLAND FL 33040 TITLE STOCK ISLAND FL 33040 TITLE STOCK ISLAND FL 33040 DELETE STOCK TSLAND, FL 33040 TITLE STOCK TSLAND, FL 33040 TO Change Additional STOCK ST | DATE · |
| NAME STREET ADDRESS P.O. BOX 953 N/A DADE CITY FL 33525 TITLE ST CRUMBLEY, WALTER S STREET ADDRESS CITY-ST-ZIP STOCK ISLAND FL 33040 DELETE DELETE DELETE DIRK PATRIAGE SECRETARY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELETE DELETE DIRK PATRIAGE SECRETARY STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE DIRK PATRIAGE Add Change Add Change Add Change Add Change Add Change Add Add Change Add Change Add Add Change Add | |
| STREET ADDRESS CITY-ST-ZIP TITLE ST NAME CRUMBLEY, WALTER S STREET ADDRESS CITY-ST-ZIP TITLE ST NAME CRUMBLEY, WALTER S STOCK ISLAND FL 33040 DELETE DELETE DELETE DIRK PATRIAR CA SECRETARY SECRETARY STOCK ISLAND FL 33040 DELETE DELETE DELETE DELETE A1 TITLE DELETE A1 TITLE DELETE A1 TITLE A2 NAME A3 STREET ADDRESS A4 CITY-ST-ZIP TITLE DELETE A1 TITLE A1 TITLE A3 STREET ADDRESS A4 CITY-ST-ZIP DELETE A1 TITLE A4 STREET ADDRESS STREET ADDRESS A5 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP DADE CITY FL 33525 TITLE ST NAME CRUMBLEY, WALTER S STREET ADDRESS 6810 FRONT STREET STOCK ISLAND FL 33040 DELETE DELETE DELETE 1.4 CITY-ST-ZIP DIRK PATRIAR CA SECRETARY 6810 FRONT STREET STOCK ISLAND, FL 33040 Change Add Add SECRETARY 6810 FRONT STREET STOCK TSLAND, FL 33040 Change Add Change Add Add STREET ADDRESS STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE DELETE DELETE A1 TITLE A2 NAME 42 NAME 42 NAME 43 STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS | |
| TITLE ST CRUMBLEY, WALTER S STREET ADDRESS 6810 FRONT STREET CITY-ST-ZIP STOCK ISLAND FL 33040 DELETE 2.1 TITLE DIRK PATRIAR CA SECRETARY 6810 FRONT STREET 2.3 STREET ADDRESS 24 CITY-ST-ZIP 3.1 TITLE 2.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS | |
| STOCK ISLAND FL 33040 24 CITY-ST-ZIP STOCK TSKAND, FL 33040 1/TLE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS STREET ADDRESS 4.3 STREET ADDRESS 4.3 STREET ADDRESS 4.3 STREET ADDRESS 4.3 STREET ADDRESS | 0.00 A M |
| STOCK ISLAND FL 33040 24 CITY-ST-ZIP STOCK TSKAND, FL 33040 1/TLE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS STREET ADDRESS 4.3 STREET ADDRESS 4.3 STREET ADDRESS 4.3 STREET ADDRESS 4.3 STREET ADDRESS | Change Addition |
| STOCK ISLAND FL 33040 24 CITY-ST-ZIP STOCK TSKAND, FL 33040 1/TLE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS STREET ADDRESS 4.3 STREET ADDRESS 4.3 STREET ADDRESS 4.3 STREET ADDRESS 4.3 STREET ADDRESS | / |
| TITLE DELETE 3.1 TITLE Change Add NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE Change Addi NAME 4.1 TITLE Change Addi Addi STREET ADDRESS 4.3 STREET ADDRESS ASTREET ADDRESS ASTREET ADDRESS | SIKEFI |
| NAME 3,2 NAME STREET ADDRESS 3,3 STREET ADDRESS CITY-ST-ZIP 3,4 CITY-ST-ZIP TITLE DELETE 4,1 TITLE Change Addit NAME 42 NAME STREET ADDRESS 4,3 STREET ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE A2 NAME 42 NAME 43 STREET ADDRESS 4.3 STREET ADDRESS | Change La Addition |
| CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addit NAME 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS | |
| TITLE DELETE 4.1 TITLE Change Addit NAME STREET ADDRESS 4.3 STREET ADDRESS | |
| NAME STREET ADDRESS 4.3 STREET ADDRESS 4.3 STREET ADDRESS | Channe Addition |
| STREET ADDRESS 4.3 STREET ADDRESS | Change Addition |
| | , |
| | |
| | Change Addition |
| - Delice | Change Addition { |
| | |
| | |
| CITY-ST-ZIP TITLE OCLUSTE 61 TITLE Change Addi | Change Addition |
| | _ |

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 of 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. 813-503-0301