FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNU	JAL REPORT Secretary of State Division of Corporations		Secretary of State	
DOCUMENT # L37422 (7)				
POSEIDON OCEAN SERVICE CORPORATION				I (A BHAN) BOO DUR (BON) BIGIG (IBM TIGI ATAN ATAN ATAN ATAN OTAN BIGIN ATAN
! 				
Principal Place of Business 13897 SW 140TH ST		Mailing Address 13897 SW 140TH ST		1 14411811 384 11111 13811 3181 3181 318
MIAMI FL 33186		1446 TRILLO AVENUE		DO NOT WRITE IN THIS SPACE
US		MIAMI FL 33186 Us		3. Date Incorporated or Qualified
8 Principal D	lace of Business	Do Mailing Address		12/20/1989 4. FEI Number Applied For
2. Principal P	tage of Business	2a. Mailing Address 26 13697 S.U	U. 140 ST	
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5 Certificate of Status Desired S8.75 Additional
22 City & State	0	City & State		Fee Required 6. Election Campaign Financing \$5.00 May Be
23		28 MIAMI FL		Trust Fund Contribution Added to Fees
Zip	Country 5522	Zip 29 33184 - 6522 3	Country USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24 53/86 - 55 22 25 29 33/86 - 65 22 30 USA Personal Property Tax due June 30. X Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
CLEMENTS, C.W., JR. 81 Name CLEMENTS, C.W., TR				
1446 TRILLO AVENUE CORAL GABLES FL 33146			62 Street	Address (P.O. Box Number is Not Acceptable)
CORAL GABLES PL 33140			83	017 010 110
			84 City	9m\ FL 85 Zip Code 33184-5622
11. Pursuant	corporation submits this statement for the purpose of changing its registered			
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 Juch 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 obligators; of a gricon 607.0505 Florida Statutes.				
SIGNATURE	<u>,</u>	VVIIIVON ANT IN-	R. u	U MEMEUTE TO . QUMAN 98.
12.	Signature, lyped or printed name of registered a OFFICERS AI	ND DIRECTORS	tegistered Agent ergnature	required when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TATLE	Change Addition
NAME ATREET ADDRESS	CLEMENTS, C.W., JR. 1446 TRILLO AVENUE		1.2 NAME	CLEMENTS, C.W., Je.
STREET ADDRESS CITY-ST-2IP	CORAL GABLES FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	13897 S.W. 140 St. MIANN, EL 33186 · SS 2 2-
TITLE		☐ DELE te	2.1 TITLE	Change Addition
NAME		I	2.2 NAME	{
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-\$T-ZIP 3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET AODRESS			3.3 STREET ADDRESS	
CITY-ST- ZI P		DELETE	3.4. CITY-ST-ZIP	Change Addition
NAME			4. 2 NAME	- Change - Monate
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP	 	T pourte	4.4 CITY-ST-ZIP	TALL TO THE PARTY OF THE PARTY
TITLE NAME		☐ DELETE	5.1 TITLE 5.2 NAME	Change Addition
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS City-St-Zip			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
VIII-01-64			9.7 OLI 3 " DI " ZIF	L

14. I hereby certify that the information supplied with this filing 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 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 a 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 physicides.

FILED

Mar 27 1998 8:00am