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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # L59389

NEWFLI	ITE MARINE CORP.						
Principal Plac	ce of Business	Mailing Address			T. SABLIENT ADS ANTIA SELECTION LOUIS SENT DISSU BEBIT	1 <b>0</b> ( <b>0</b> )11 <b>0</b> 10 (1) <b>0</b>	inti minii inni
1974 N US HV DUNNELLON F US		POST OFFICE BOX 1164 JUPITER FL 33468		-	DO NOT WRITE IN THIS SF	PACE	•
				,	3. Date Incorporated or Qualifed 03/19/1990		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21				عسجه سا	65-0213195	Not	Applicable_
Suite, Apt	#, etc.	Suite, Apt. #, etc.	•	•	5. Certificate of Status Desired	<b>\$8.75</b> A Fee Red	
City & Sta	ite	City & State	•		6. Election Campaign Financing Trust Fund Contribution	\$5.00 i	
Zip	Country	Zip	Cour	itry	This corporation owes the current year Intang		
24	25	29	30	-			⊠Ko
	9. Name and Address of Current	1=-1			10. Name and Address of New Registered Ag		
	rudin da fini	•		81 Name			
BIVI	ENS, JACK			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
	4 N US HWY 41			oz Sileei Ai	duress (F.O. Dox Number is Not Acceptable)		F - 1) - 15 - 15
DUI	NNELLON FL 34432			83		\$ (1.35)	AL STELLAR
				84 City		26 ( ) A C	111
			1	84 City	FL	85 Zip C	oge
office or	registered agent, or both, in the State of am familiar with, and accept the obligati	of Florida. Such change was a	uthorized	by the corpora	orporation submits this statement for the purpose of cha ation's board of directors. I hereby accept the appointm	nent as reg	istered
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered A	gent signature req	uired when reinstating) DATE		
12.	Signature, typed or printed name of registered agent OFFICERS ANI		: Registered A	igent signature req	uired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTO	
<b>12.</b> TITLE	Signature, typed or printed name of registered agent OFFICERS AND				ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12
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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 appearal 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90029 003 \*\*\*150.00

56/844-2994 Dayline Phone #

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