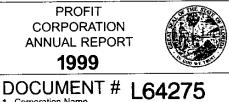
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

TOTAL OCEAN MARINE SERVICES INC.



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90046 035 \*\*\*150.00

## 🐔 à LOCHTON, DEC ANDRE CERTS CERTS LOCAT DE MILION DI PRESENTATA DE CARROL ARTER ATÂNT CERTS DÉTAIN DÉTAIN FACT

Principal Place of Business Mailing Address										
3565 CARDINAL POINT DR JACKSONVILLE FL 32257		3565 CARDINAL POINT DRIVE JACKSONVILLE FL 32257								
US	16 0223	US					DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			]
							04/11/1990			
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number		Арр	lied For
21		26				Ì	59-3064472		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 A	dditional
22		27				5. Certificate of Status Desired	<u> </u>	Fee Rec	uired	
City & State	e	City & State					6. Election Campaign Financing		\$5.00 N	vlay Be
23		28					Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Co	untry			8. This corporation owes the curre	ent year Inta	ngible	
24	25	29	30				Personal Property Tax.	-	☐ Yes [	□No
1	9. Name and Address of Current					•	10. Name and Address of New R	egistered A	gent	
				81	Name					
DESIDERIO, PIERO L				82 Street Address (P.O. Box Number is Not Acceptable)				hla		
200	EAST BROWARD BLVD					Addres	s (P.O. Box Number is Not Accepta	ible)		
	E 1900									
FOR'	T LAUDERDALE FL 33301									
, , , , , , , , , , , , , , , , , , ,				84	City			FL	85 Zip C	ode
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Stati	ites, the	above	-named	corpora	ation submits this statement for the	purpose of o	hanging its r	egistered
office or a	egistered agent, or both, in the State om familiar with, and accept the obligati	of Florida. Such change was	autnorize	ea by	tne corp	oration'	s board of directors, I hereby accep	t the appoin	tment as reg	istered
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register					t signature	required w		DATE		20.111.40
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OF	FICERS ANI	Change	RS IN 12
nne	DP	☐ DELETE					La Managaria		<b>y</b> Change	L Addition
NAME	VOGT, THOMAS FRANCIS		1.21	1.2 NAME		Vag	t, Thomas Francis 5 Cardinal Point Drive			Ì
STREET ADDRESS	1536 GREENRIDGE CIRCLE, WE	EST	1.3 9	STREET	ADDRESS	355	5 Cardinal Point Unio			J
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CI		1.4 CITY-ST-ZIP 3C		Sonville, FL 32257			
TITLE			2.1 TITLE					Change	Addition	
NAME	l		2.21	NAME						[
STREET ADDRESS			2.3	STREE1	ADDRESS	;				Í
CITY-ST-ZIP			2.4	CITY-S	T-7IP					ľ
TITLE			3.1 TITLE		<u> </u>			Change	Addition	
			321	NAME		1				
NAME					ADORESS					
STREET ADDRESS						1				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-5		11-ZIP	<del> </del> -			Change	Addition
TITLE		□ Deleve		4.1 HILE 4.2 NAME					change	
NAME										
STREET ADDRESS					F ADDRESS	il				İ
CITY-ST-ZIP				CITY-S	T-ZIP	<del> </del>			Channi	- Addition
TITLE		☐ DELETE		TITLE					Change	☐ Addition (
NAME				NAME						ł
STREET ADDRESS					ADDRESS	3				ĺ
CITY-ST-ZIP				CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1	TITLE		]			Change	☐ Addition {

CITY-ST-ZIP 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 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS