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

**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # M45000



Secretary of State DIVISION OF CORPORATIONS

## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

## Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90143 010 \*\*\*150.00

i. Corporation	MARINE SERVICES, INC.	3					
Principal Place of Business Mailing Address					. I i de i d'att des tiens a lists annes tous annes de la constitue de la cons		
8920 SW 163RD TERR 8920 SW 163RD TERR MIAMI FL 33157 MIAMI FL 33157							
US US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 05/07/1985		
2 Principal Pl	lace of Business	2a. Mailing Address				Applied For	
<del></del> 1	26				· I	Not Applicable	
26				- \$8.75	Additional		
22 27					Required		
City & State City & State					6. Election Campaign, Financing \$5.0	<b>0</b> .May Be	
23		28	-			d to Fees	
Zip			Country 30		8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No		
44	9. Name and Address of Currer		<u>,                                      </u>		10. Name and Address of New Registered Agent		
			81	Name			
KAMAREDDINE, FAROUK 8920 SW 163RD TERR			82	Street Add	ddress (P.O. Box Number is Not Acceptable)		
	WI FL 33157		83				
			04	0:4	OE 7	p Code	
			84	•	· FL		
agent. I a	m familiar with, and accept the obligation of th	ations of, Section 607.0505, Fiorid	legistered Agen	•	poration submits this statement for the purpose of changing ion's board of directors. I hereby accept the appointment as red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECT		
12.	OFFICERS AND DIRECTORS  DELETE		13.		ADDITIONS/CHANGES TO OFFICERS AND DIREC		
TITLE	DPT FARABEDDINE FAROUR	□ nere ie	1.1 TITLE				
NAME	KAMAREDDINE, FAROUK		1.2 NAME				
STREET ADDRESS	3023 311 13313		1.3 STREET 1.4 CITY-ST	į	, .		
CITY-ST-ZIP TITLE	MIAMI FL 33157	FL 3315/   140   DELETE   21T		1-ZIP	Chang	e Addition	
	_		2.2 NAME		· · · · · · · · · · · · · · · · · · ·	_	
NAME	Kamareddine, Jill S.   8920 SW 163RD Terr		2.3 STREET	ADDESS	1		
STREET ADDRESS	18448 FL 004FT		2.4 CITY-ST-ZIP			ļ	
CITY-ST-ZIP TITLE			3.1 TITLE	11-2F	☐ Chang	e Addition	
NAME			3.2 NAME		,		
STREET ADDRESS			3.3 STREET	ADDRESS		ŀ	
CITY-ST-ZIP			3.4. CITY-S			ţ	
TITLE			4.1 TITLE		Chang	e [] Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
C/TY-ST-ZIP			4.4 CITY-\$1	T-ZIP			
TITLE	Part		5.1 TITLE		. Chang	e Addition	
NAME			5.2 NAME		· ·	{	
STREET ADDRESS			5.3 STREET	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S1	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Chang	e Addition	
NAME			6.2 NAME			İ	
STREET ADDRESS			6.3 STREET	FADORESS	•		

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. CITY-ST-ZIP

SIGNATURE:

(305)255-6363