

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90194 013 ***150.00

DOCUMENT # M79977

1. Corporation Name

TREASURE COAST MARINE, INC.

Principal Place of Business

8295 SOUTHEAST PALM ST.
HOBE SOUND FL 33455

Mailing Address

8295 SOUTHEAST PALM ST.
HOBE SOUND FL 33455

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1988

4. FEI Number

65-0122646

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

GORDON, CLIFFORD E.
8295 SE PALM ST.
HOBE SOUND FL 33455

81 Name

CLIFFORD E. GORDON

82 Street Address (P.O. Box Number is Not Acceptable)

4571 SW BRANCH TERRACE WEST

83

84 City

PALM CITY

FL

85 Zip Code

34990

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 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 signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DPS
GORDON, CLIFFORD E.
8295 SOUTHEAST PALM ST.
HOBE SOUND FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
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GORDON, CLIFFORD E.
8295 SOUTHEAST PALM ST.
HOBE SOUND FL

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CITY-STATE-ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

SAME AS BLOCK 12

☒ Change

☐ Addition

1.2 NAME

Address Only

1.3 STREET ADDRESS

4571 SW BRANCH TERRACE WEST

1.4 CITY-STATE-ZIP

PALM CITY, FL 34990

2.1 TITLE

SAME AS BLOCK 12

☒ Change

☐ Addition

2.2 NAME

Address Only

2.3 STREET ADDRESS

4571 SW BRANCH TERRACE WEST

2.4 CITY-STATE-ZIP

PALM CITY, FL 34990

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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.

SIGNATURE: *CLIFFORD E. GORDON*

CLIFFORD E. GORDON

April 24, 1999

(561)

283-7350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0519307