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**

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90132 006 ***150.00

DOCUMENT # M81914

1. Corporation Name

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

| J & M MARINE ELECTRIC, INC. | | | | | | | | |
|--|--|--|-----------|-------------------|--|-----------------------------------|------------------------|--|
| | | | | | | | | |
| | | | | | | | | |
| Principal Place | | Mailing Address | | | | | | |
| % JOHN R. MCCARROLL 1801 S. DIXIE HIGHWAY. #183 | | % John R. McCarroll 1801 S. Dixie Highway. #183 | | | | | | |
| POMPANO BEACH FL 33060 | | POMPANO BEACH FL 33060 | | | 1, 19, 19 | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date incorporated or Qualifed 05/20/1988 | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number o | Apı | olied For | |
| 21 | | 26 | | | 16-0378334 | No | Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 191 2"10 25 25 1 | \$8.75 A | dditional | |
| 22 | | 27 | | | 5. Certificate of Status Desired | Fee Re | quired | |
| City & State | | City & State | | | 6 Flortion Campaign Financing | \$5.00 | May Be | |
| 23 | | 28 | | | Trust Fund Contribution | Added to | | |
| Zip | Country Zip Cou | | | у | 8. This corporation owes the current year Ir | ntangible | | |
| 24 | 25 29 30 | | | | Personal Property Tax. | | □No | |
| .= :1 | 9. Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New Registered | l Agent | | |
| MCC | ARROLL, JOHN R. | | 8 | 1 Name | | | | |
| 1801 S. DIXIE HIGHWAY #183 | | | 8: | 2 Street A | ddress (P.O. Box Number is Not Acceptable) | | | |
| POMPANO BEACH FL 33060 | | | 8 | 3 | | | | |
| | | | 8 | 4 City | At all speciality in the | 85 Zip C | ode | |
| | | | | <u> </u> | FI FI | (| | |
| office or re | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat | of Florida. Such change was autr | поплеа в | v tne comor | orporation submits this statement for the purpose cation's board of directors. Libereby accept the appointment of the purpose | r changing its sintment as rec | registered gistered | |
| SIGNATURE | | | | | | | | |
| | Signature, typed or printed name of registered agen | | _ | ent signature req | DATE ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTO | DS IN 12 | |
| · 12. | | | 13. | | Service Servic | Change | ☐ Addition | |
| TITLE | D NCCADDOLL IOUN D | Detere | | | | | | |
| NAME | MCCARROLL, JOHN R. | | 1.2 NAME | | | | | |
| STREET ADDRESS | | | • | ET ADORESS | | | | |
| CITY-ST-ZIP | | | 1,4 CITY- | | 1 | Change | Addition | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | | C. Change | L Acquion | |
| NAME | | | 2.2 NAME | | | | | |
| STREET ADDRESS | • | | 2.3 STRE | ET ADDRESS | | | 1 | |
| CITY-ST-ZIP | | | 2.4 CITY | - ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | ☐ Change | ☐ Addition \ | |
| NAME | | | 3.2 NAME | <u> </u> | | | | |
| STREET ADDRESS | | | 3.3 STRE | ET ADDRESS | The State of the S | | | |
| CITY-ST-ZIP | | | 3.4. CITY | -ST-ZIP | 原装包 图记 1 | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | ☐ Change | Addition | |
| NAME | | | 4, 2 NAM | E | | | | |
| STREET ADDRESS | | | 4.3 STRE | ET ADDRESS | | | | |
| CITY+ST-ZIP | | | 4.4 CITY- | ST-ZIP | Marie Marie To | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ELVINE LET | ☐ Change | ☐ Addition | |
| NAME | | | 5.2 NAME | : | | • | | |
| STREET ADDRESS | | | 5.3 STRE | ET ADDRESS | 7# 2# 44 | | | |

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 arrestachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

□ DELETE

SIGNATURE

4/16/99 954-785-0245

___ Change

☐ Addition