FILED

Feb 20, 1999 8:00 am Secretary of State

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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

1. Corporation	MENT # M97361 RD MARINE SERVICES, INC.								
Principal Place	of Business	Mailing Address					TO CITE OFFICE STORY	11: B.1811 #1811 A1811 #1	
2233 SO FEDERAL HIGHWAY 2233 SO FEDERAL HIGHWAY								•	
FORT LAUDERDALE FL 33316 211-A						DO N	OT WRITE IN TH	IIC CDACE	
US		FORT LAUDERDALE FL 33316 US			-	3. Date Incorporated or C		IIS SPACE	
		08				09/06/1988		· · · · · · · · · · · · · · · · · · ·	·
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			lied For
21		26				65-0104879		\$8.75 A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			}	5. Certificate of Status De	sired 🗌	Fee Rec	
City & State		City & State				6. Election Campaign Fin	ancino —	\$5.00	May Re
23		28				Trust Fund Contributio	*	Added to	•
Zip	Country	Zip	Country	, 		8. This corporation owes	the current year	Intangible	
24	25	29 30	5		}	Personal Property Tax			□No
	9. Name and Address of Current					10. Name and Address of	f New Register	ed Agent	
202	u.o. I MOLIAEI		81	Name					
ROBILIO, J. MICHAEL				Street	Addres	s (P.O. Box Number is Not	Acceptable)	•	
2233 SO FEDERAL HIGHWAY				<u> </u>		12 11 25	51 . 4 . 2500 124 5 1 - 1000 1	· · · · · · · · · · · · · · · · · · ·	
FORT LAUDERDALE FL 33316			83				A Part of the second of the se		Light Service
			84	City				. 85 Zip C	ode
							F		ragistared
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was auth	ionzed by	the corp	oration'	s board of directors. I herel	by accept the app	pointment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Ager	nt signature (required w	hen reinstating)	. DATE		·~ ·
12.	OFFICERS AND		13.			ADDITIONS/CHANGES	TO OFFICERS	AND DIRECTO	
TITLE	DPS	DELETE	1.1 TITLE				•	☐ Change	☐ Addition
NAME	ROBILIO, MICHAEL		12 NAME						
STREET ADDRESS	2233 S. FEDERAL HWY		1.3 STREET	T ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		1.4 CITY-ST-ZIP						
TITLE	T	☐ DELETE	2.1 TITLE					☐ Change	☐ Addition
NAME	ROBILIO, MICHAEL		2.2 NAME						
STREET ADDRESS	2233 S. FEDERAL HWY.			TADDRESS			* ***	سند سد	-
CITY-ST-ZIP	FT LAUDERDALE FL 33316	□ DELETE	2. 4 CITY-5	ST-ZIP				☐ Change	[] Addition
TITLE			3.1 TITLE				•		
NAME			3.2 NAME				•		
STREET ADDRESS				TADDRESS				•	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S 4.1 TITLE	51-ZIP	 			☐ Change	☐ Addition
TITLE		DELEVE	4. 2 NAME					_ •	_
NAME			4	TADORESS					
STREET ADDRESS			4.4 CITY-S						
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	31-ZIF	<u> </u>		-	Change	☐ Addition
NAME		. -	5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDRESS	ļ	•			
CITY-ST-ZIP			5.4 CITY- S	ST- ZIP	-				
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			63 STREE	T ADDRESS	1	•			

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 supplier relatantual 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 of 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 attaching my with an attoriess, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)