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Mar 29, 1999 8:00 am Secretary of State

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CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P07370

LUCENTI MARINE SALES, INC.

Principal Place of Business		Mailing A	Mailing Address)		III DIKII BIA	II BIBII BIBII BI	TEL MINEL INDI
4259 CARDINAL BLVD DAYTONA BCH FL 32127			4259 CARDINAL BLVD DAYTONA BCH FL 32127										
US		US					DO NOT WRITE IN THIS SPACE						
								1	orated or Qua	lifed			}
				_				09/11/19					
2. Principal P	lace of Business	2a. Mailin	g Address					4. FEI Numbe					lied For
21		26						55-04514	135				Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.					5. Certificate of	of Status Desire	ed [3	\$8.75 A	
22	7- ya	27		-		~~		ļ				Fee Rec	
City & State		—	City & State						mpaign Financ	cing []	\$5.00 r Added to	
23 Zin	Country	28 Zip		Co	untry				Contribution		waar lata		
Zip		— <u> </u> —	1	30	unuy			8. This corpor	ration owes the roperty Tax.	current	-		□No
24	9. Name and Address of Curi	29 29 rent Registered 4		30	Т			10. Name and		ew Regi			
	3. Halife and Address of Oal	en registered r			81	Nan	е	101 (101)					
LUC	ENTI, MARY K				82				- 				
	CARDINAL BLVD					Stre	et Addre	ress (P.O. Box Number is Not Acceptable)					
DAY	TONA BCH FL 32127								_				
												T	
					84	City		1	1	: ' ·	FL	85 Zip C	ode , ·
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the obl	ate of Florida. Suc igations of, Sectio 4	h change was au n 607.0505, Flor	ithorize ida Sta	tutes	the co	rporatio _	n's board of direc	tors. I hereby a	ассері іп	e appoin	tment as reg	istered
12. OFFICERS AND DIRECTORS				13					/CHANGES TO	OFFIC	ERS ANI	DIRECTO	RS IN 12
TITLE	Р	<u> </u>	[] DELETE	_	me							☐ Change	☐ Addition
NAME	LUCENTI, MARY K			1.2 N	AME								
STREET ADDRESS	4454 A455411 BIND			1.3 9	TREET	ADDRE	ss						
CITY-ST-ZIP	DAYTONA BEACH FL			1,40	CITY-S	T-ZIP	l						
TITLE	VPST		DELETE	2.1 7	ITLE				_			Change	☐ Addition
NAME	ORTIZ, JOHN J			2.2 !	AME								ĺ
STREET ADDRESS				2.3 5	TREET	T ADDRE	ss						
CITY-ST-ZIP	DAYTONA BCH FL	<u> </u>		- 2.4	CITY-S	T-ZIP						<u> </u>	
TITLE			□ DELETE	3.1 T	TTLE					: _			
NAME							Į.	<u> </u>		<u>-</u> -		Change	Addition
STREET ADDRESS	1			3.21	NAME			<u> </u>		<u> </u>		Change	Addition
					NAME	TADDRE	ss	<u> </u>		<u>-</u> -		Change	Addition
CITY-ST-ZIP				3.3 8	NAME		ss			<u> </u>			
CITY-ST-ZIP			☐ DELETE	3.3 S 3.4.	NAME STREET		ss			<u>-</u>		Change	Addition
			☐ DELETE	3.3 S 3.4. I	NAME STREET CITY-S		ss			<u>:</u>			
TITLE			☐ DELETE	3.3 S 3.4.1 4.1 T 4. 2 I	NAME STREET CITY-S TITLE NAME			<u> </u>		<u>-</u> -			
TITLE NAME			· · · · · · · · · · · · · · · · · · ·	3.3 S 3.4.1 4.1 T 4. 2 I 4.3 S 4.4 C	NAME CITY-S TITLE NAME STREET CITY-S	ST-ZIP		<u></u>				☐ Change	Addition
TITLE NAME STREET ADDRESS			DELETE . DELETE	3.3 S 3.4.1 4.11 4.21 4.3 S 4.4 C	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE	ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			· · · · · · · · · · · · · · · · · · ·	3.3 \$ 3.4. 4.11 4.21 4.35 4.40 5.11	NAME CITY-S TITLE NAME CITY-S TITLE NAME	T-ZIP TADORE	ss	<u> </u>				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			· · · · · · · · · · · · · · · · · · ·	33 \$ 34.1 4.11 4.21 4.3 \$ 4.4 C 5.11 5.2 N	VAME STREET CITY-S TITLE NAME CITY-S TITLE VAME STREET	T ADDRE	ss	<u> </u>				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			, DELETE	3.3 \$ 3.4.1 4.11 4.21 4.3 \$ 4.4 6 5.11 5.2 N 5.3 \$ 5.4 6	CITY-S TITLE STREET CITY-S TITLE VAME CITY-S TITLE VAME CITY-S CITY-S	T ADDRE	ss					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			· · · · · · · · · · · · · · · · · · ·	3.3 \$ 3.4. 4.11 4.21 4.3 \$ 4.4 G 5.11 5.2 N 5.3 \$ 5.4 G	VAME STREET CITY-S TITLE NAME CITY-S TITLE VAME STREET	T ADDRE	ss					☐ Change	☐ Addition

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP