

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90019 035 ***150.00

DOCUMENT # P12788

1. Corporation Name
AMERICAN MARINE HOLDINGS, INC.

Principal Place of Business
1520 S. SUNCOAST BLVD.
HOMOSASSA FL 32646
US

Mailing Address
7110 21ST ST E
SARASOTA FL 34243
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1987

4. FEI Number

59-2745631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

7. Trust Fund Contribution ☐

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 987

23 City & State

27 City & State

TALLEYAST, FL

24 Zip

Country

28 Zip

Country

29 34243-0987 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORP. SYSTEM INC
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME RANIERI, LEWIS A.
STREET ADDRESS 50 CHARLES LINDBERGH BLVD, STE 500
CITY-ST-ZIP UNIONDALE NY

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME RANIERI, S.
STREET ADDRESS %) CHARLES LINDBERGH BLVD, SUITE 500
CITY-ST-ZIP UNIONDALE NY

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

50 CHARLES LINDBERGH BLVD, SUITE 500

TITLE D ☐ DELETE

NAME WILSON, KENDRICK R III
STREET ADDRESS ONE ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK NY

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE CD ☐ DELETE

NAME KIMMEL, LEE H
STREET ADDRESS 499 PARK AVENUE, 22ND FLOOR
CITY-ST-ZIP NEW YORK NY

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE VCD ☐ DELETE

NAME ATWOOD, DANIEL R
STREET ADDRESS 1520 SO SUNCOAST BOULEVARD
CITY-ST-ZIP HOMOSASSA FL

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

VD

TITLE P ☐ DELETE

NAME COLLINS, MIKE
STREET ADDRESS DENZA MARINE, 7110 21ST ST E
CITY-ST-ZIP SARASOTA FL

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DONZI MARINE, 7110 21ST ST E

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/27/99

941-755-7790

Date

Daytime Phone #

CR2E034 (11/98)