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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38056

(8)

1. Corporation Name

AQUA GULF TRANSPORT, INC.

Principal Place of Business

4000 FEDERAL HIGHWAY, NORTH
SUITE 201
BOCA RATON FL 33431

Mailing Address

4000 FEDERAL HIGHWAY, NORTH
SUITE 201
BOCA RATON FL 33431-4527



2. Principal Place of Business

21 600 West Hillsboro Blvd.

Suite, Apt. #, etc.

22 Suite 104

City & State

23 Deerfield Beach, FL

24 Zip 33441

Country

2a. Mailing Address

26 600 West Hillsboro Blvd

Suite, Apt. #, etc.

27 Suite 104

City & State

28 Deerfield Beach, FL

29 Zip 33441

Country

3. Date Incorporated or Qualified

03/25/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

22-2847785

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BROWNE, ROBERT
4000 FEDERAL HIGHWAY NORTH
SUITE 201
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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

TITLE DC
NAME BROWNE, ROBERT
STREET ADDRESS 4000 N FEDERAL HWY
CITY-ST-ZIP BOCA RATON FL

TITLE DP
NAME BRUNO, JOHN
STREET ADDRESS 4000 N FEDERAL HWY
CITY-ST-ZIP BOCA RATON FL 33431

TITLE T
NAME TORO, MANUEL
STREET ADDRESS 4000 N. FEDERAL HWY.
CITY-ST-ZIP BOCA RATON FL 33431

TITLE V
NAME MILTON, KAY
STREET ADDRESS 4000 N. FEDERAL HWY
CITY-ST-ZIP BOCA RATON FL 33431

TITLE S
NAME MAYR, JEFFREY
STREET ADDRESS 4000 N. FEDERAL HWY
CITY-ST-ZIP BOCA RATON FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 600 West Hillsboro Blvd. Suite 104
1.4 CITY-ST-ZIP Deerfield Beach, FL 33441

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 600 West Hillsboro Blvd. Suite 104
2.4 CITY-ST-ZIP Deerfield Beach, FL 33441

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 600 West Hillsboro Blvd Suite 104
3.4 CITY-ST-ZIP Deerfield Beach, FL 33441

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 600 West Hillsboro Blvd. Suite 104
4.4 CITY-ST-ZIP Deerfield Beach, FL 33441

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 600 West Hillsboro Blvd suite 104
5.4 CITY-ST-ZIP Deerfield Beach, FL 33441

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0912710

CR2E034 (9/96)