## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P92000010743

TITLE

NAME

STREET ADDR: SS

ALLIED MARINE GROUP, INC.

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90208 023 \*\*\*150.00

Change

(954) 462-5557

☐ Addition

l						1 <b>3 1 1 1 1 1 1 3 3 1 1 1 1 1 1 1 1</b>		
Principal Place of Business Mailing Address					1 Manhan Ma Jaille Liebt Abut annu annu an	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
401 SW 1ST AVE FT LAUDERDALE FL 33301 FT LAUDERDALE F			33301		DO NOT WRITE IN TH	S SPACE		
					3. Date Ir corporated or Qualifed			
•					12/10/1992			
2. Principa P	ace of Business	2a. Mailing Address			4. FEI Number	<del></del>	lied For	
21		26 110 North	1 D1	xie Hwy.	65-0393878		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> A			
22		27						
City & State	e	City & State  28 Stuart, E	דה		6. Election Campaign Financing	<b>\$5.00</b> to Added to		
23	Country	Zip Stuart, E		ountry	Trust Fund Contribution		, 1 663	
Zip		29 234994	30	U.S.A.	This corporation owes the current year     Personal Property Tax.	Yes	⊡Nο	
24	9. Name and Address of Current	Z9	30	T	10. Name and Address of New Registers	ed Agent	-	
<u> </u>	5. Name and Addicas of Current	i itegiotorea rigant		81 Name				İ _
-FEAN	<del>aan, Peter M-es</del> q			Carc	ol S. Waxler, V.P./G	eneral	Counse	Pl
-AFIN			82 Street Acdre	ss (P.O. Box Number is Not Acceptable) Allied Marine Group	•	!		
	NORTH FEDERAL HWY., SUITE-	- <del>104A</del>		83				
,	A RATON FL 33431				North Dixie Highway			
				84 City	. F	85 Zip C	ode 994	
44 Dureus et	to the provisions of Suctions 607 0500	and 607 1508. Florida Statut	tes the	above-named corpo				ĺ
office crr	egistered agent, or both, in the State c	Florida: Such change was	uthorize	ed by the corporation	ration submis this statement for the purpose n's board of directors. I hereby accept the ap	r ointment as reg	jistered	
,	m familiar with, and acceptine onligati	Juns of, Section 607.0505, F13	i a a	Drocidoni	t/General Counsel 4	1/23/99		
SIGNATUFE	Signatura, typed or printed name of registered agent		LCE Registere	ed Agent signature required	when reinstating) DATE	1723733		6
12.	OFFICERS ANI		13	S	ADDITIONS/CHANGES TO OFFICERS			٤
TITLE	PD /	☐ DELETE	1.1	TITLE		Change	Addition	2
NAME	TRACY, DWIGHT		1.2	NAME				2
STREET ADDRESS	1445 S,E, 16TH STREET		1.3	STREET ADDRESS				إ
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		1.4	CITY-ST-ZIP				Ì
TITLE	VSTD	☐ DELETE	2.1	TITLE		☐ Change	Addition	١,
NAME	PASCA, ANTHONY A JR.		2.2	NAME			,	
STREET ADDRESS	1445 S.E. 16TH STREET		2.3	STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33316		_	CITY-ST-ZIP		По	FT Addition	
TITLE		☐ DELETE	3 1	TITLE		Change	Addition	
NAME			32	NAME				-
STREET ADDRESS			33	STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP		Change	☐ Addition	
TITLE		☐ DELETE	1	TITLE		☐ Change	☐ Vagitiou	
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP			_	CITY-ST-ZIP		Change	Addition	1
TITLE		☐ DELETE		TITLE		☐ Change	Addition	
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				l
CITY-ST-ZIP			5.4	CITY-ST-ZIP				ĺ

☐ DELETE

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.1 TITLE

6.2 NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 7(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 ap attact ment with an address, with all other like empowered.

6.3 STREET ADDRESS

4/22/99

6.4 CITY-ST-ZIP