

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90060 041 ***150.00

DOCUMENT # **P93000003997 (2)**

1. Corporation Name

FLORIDA GOLD MARINE, INC.

Principal Place of Business

**526 N.E. 17TH AVE.
FT. LAUDERDALE FL 33301**

Mailing Address

**526 N.E. 17TH AVE.
FT. LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1993

2. Principal Place of Business

21 **654 N. Rio Vista Blvd**

2a. Mailing Address

26 **Post Office Box 1474**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Fort Lauderdale, FL**

City & State

28 **Fort Lauderdale, FL**

Zip

Country

24 **33301**

USA

Zip

Country

29 **33302**

USA

4. FEI Number

65-0392280

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MILLER, TIM D
654 N RIO VISTA BLVD
FT LAUDERDALE FL 33301**

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Tim D Miller

April 17, 1998

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 **PD** ☐ DELETE

NAME **STUART, LEN**
STREET ADDRESS **PARADISE ISLAND DR.**
CITY-ST-ZIP **PARADISE ISLAND, NASSAU**

TITLE **VPD** ☐ DELETE

NAME **FISH, FRANK**
STREET ADDRESS **110 LOMBARD ST.**
CITY-ST-ZIP **TORONTO, ONTARIO M5C 1M3,**

TITLE **STE** ☐ DELETE

NAME **MILLER, TIM D**
STREET ADDRESS **654 N. RIO VISTA BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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 registered agent 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 both, in accordance with an address.

SIGNATURE

Tim D Miller

04/17/98

(954) 467-2467

CR2E034 (10/97)