**FILED** 

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90022 025 \*\*\*155.00

## 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** 

## DOCUMENT#

i. Corporatio	N MARINE EQUIPMENT, IN							
Principal Place of Business Mailing Address							A MANDA DAND DAN	II Ulibi bili lubi
1304 S. ORANGE AVE 46 N. WASHINGTON BLVD SARASOTA FL 34239 SUITE 1								
US		SARASOTA FL 342	36			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 03/01/1993		
· ·	Place of Business	2a. Mailing Addres	iS			4. FEI Number	A	pplied For
21		26				65-0394076	N	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, e	łc.			5. Certifcate of Status Desired		Additional
City P. Cto	1-	27					Fee R	equired
City & Sta	le	City & State				6. Election Campaign Financing	•	May Be
Zip	Country	Zip	Co	untry		Trust Fund Contribution		to Fees
24	25	29	30	unu y		8. This corporation owes the current year In	ntangible □ Yes	No
	9. Name and Address of Curre		30			Personal Property Tax.  10. Name and Address of New Registered		ANO
				81	Name	to, mains and Address of New Registered	Agoin	
PATTERSON, JOHN 46 NORTH WASHINGTON BLVD. SUITE 1 SARASOTA FL 34236				82	Street Addr	ress (P.O. Box Number is Not Acceptable)	•	
				83				
						·		.
				84	City	FL	85 Zip	Code
office or a agent. I a	registered agent, or both, in the State im familiar with, and accept the obligation of the state	ations of, Section 607.056	us, Fionda Sta	tutes.		oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint of when reinstating)	changing its intment as re	registered gistered
12.	OFFICERS AI	ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
TITLE	DPST	☐ DELI	TE 1.17	TTLE			☐ Change	Addition
NAME	ROBERTSON, GLEN E		1.2 N	IAME	ĺ		•	
STREET ADDRESS	1304 S. ORANGE AVE		1.3 5	TREET A	DDRESS			
CITY-ST-ZIP	SARASOTA FL 34239		1,40	ITY-ST-	ZIP			ļ
TITLE		☐ DELE	2.1 T	TLE			Change	☐ Addition
NAME			2.2 N	AME				ļ
STREET ADDRESS			2.3 \$	TREET A	DDRESS			1
CITY-ST-ZIP				CITY-ST-	ZIP	·	<u> </u>	
TITLE			3.1 T	ITLE			☐ Change	☐ Addition
NAME			3.2 N	AME				
STREET ADDRESS			3.3 S	TREET A	DDRESS			·
CITY-ST-ZIP				CITY-ST-	ZIP			
TITLE		U DELE	TE 4.1 T	M.E.		,	Change	☐ Addition
NAME			4.21	IAME	1			
STREET ADDRESS			4.3 S	TREET A	DORESS			+
CITY-ST-ZIP				ITY-ST-Z	ZIP .			
TITLE		☐ DELE					☐ Change	☐ Addition
NAME CTOUT ADODESS			5.2 N		000000			
STREET ADDRESS				TREET AL				
CITY-ST-ZIP TITLE		☐ DELE		TLE	ur			C Addition
NAME			6.2 N				Change	Addition
STREET ADDRESS					DORESS			

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 of 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 of the receiver or trustee officered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corp Block 12 or Block 13 if chang

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

25 JAN99

(941) 951-2014