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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000040095**1. Corporation Name

PROWLER MARINE, INC.

FILED Feb 15, 1999 8:00 am Secretary of State

02-15-1999 90026 042 ***150.00



Principal Place	e of Business	Mailing Address					.,		
9641 N.W. 14TH ST. PLANTATION FL 33322		9641 N.W. 14TH ST. Plantation Fl. 33322				DO NOT	WRITE IN T	HIS SPACE	
	•				F	3. Date Incorporated or Qual	ifed	٠.	
						06/01/1993			
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0416470			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desire	ed 🔲	•	5 Additional
22		27				5. Certificate of Citates Doom			Required
City & State	e ·	City & State				Election Campaign Finance	ing 🗆		00 May Be
23		28				Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the	current year	ır Intangible ☐ Yes	ΔNo
24	25	29	30			Personal Property Tax. 10. Name and Address of N	ow Ponisto		7 □N0
	9. Name and Address of Curre	nt Registered Agent		31 Name		10. Name and Address of N	ew Kegiste	ieu Agent	
DDA	MINWEN IOE	y		o i Nami	,	·			
	NDWEIN, JOEL		Ţ.	32 Stree	t Addres	s (P.O. Box Number is Not Ac	ceptable)		
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								e of changing	ito icgiotore
11. Pursuant	to the provisions of Sections 60 08	of Florida. Such change was	authorized	by the cor	poration	s board of directors. I hereby	accept the a	ppointment as	s registered
11. Pursuant office or ragent. I a	to the provisions of Sections 60,000 egistered agent, or both, in the state im familial with and accept the oblig	ations of, Section 607.0505	lorida Statu	es.	poration'	s board of directors. I hereby a	accept the a	ppointment as	s registered
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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 officer or director of the corporation or the receiver or trudee Block 12 or Block 13 if changed, or on an attachment with

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS