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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90032 040 \*\*\*150.00

DOCUMENT # P93000063309

1. Corporation Name

MARINE DESIGNS ENTERPRISE INC.

Principal Place of Business

2902 STONEWALL PLACE  
SUITE 100  
SANFORD FL 32773  
US

Mailing Address

2902 STONEWALL PLACE  
SUITE 100  
SANFORD FL 32773  
US

2. Principal Place of Business

21 1270 Belle Ave #110

22 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

26 32708

27 USA

2a. Mailing Address

26 Same

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1993

4. FEI Number

59-3207455

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BURLINSON, JOHN R  
4245 IRON GATE COURT  
SANFORD FL 32773

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

*John R Burlinson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BURLINSON, JOHN R.  
STREET ADDRESS 4245 IRON GATE COURT  
CITY-ST-ZIP SANFORD FL

TITLE V ☐ DELETE

NAME BURLINSON, DIANA  
STREET ADDRESS 4245 IRON GATE COURT  
CITY-ST-ZIP SANFORD FL

TITLE S ☐ DELETE

NAME BURLINSON, DIANA  
STREET ADDRESS 4245 IRON GATE COURT  
CITY-ST-ZIP SANFORD FL

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 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, with all other like empowered.

SIGNATURE:

*Diana M Burlinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99 (407) 699-4432

CR2E034 (11/98)

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