## 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 # P93000072160

1. Corporation Name

SOUTHERN MARINE ELECTRIC, INC.

COOTILITY WATER LEED THOS INCO									
Principal Place of Business Mailing Address						-		O REIO OBIO IAND	
58 NE 7TH STREET							,		
· · · · · · · · · · · · · · · · · · ·						DO NOT WRITE IN THIS	SPACE	<del></del>	
						3. Date Incorporated or Qualifed			
	<u> </u>	1 - 1 - 1 - 1 - 1 - 1 - 1				10/11/1993			
<b>—</b>	ace of Business	2a. Mailing Address				4. FEI Number		pplied For lot Applicable	
26     Suite Apt # etc.   Suite Apt #, etc.						65-0452491		Additional	
						5. Certifcate of Status Desired .		Required	
22   27   City & State   City & State				_	6. Election Campaign Financing \$5.00			May Be	
23 28				_		Trust Fund Contribution Added to Fees			
Zip	Country	Zìp	Coun	ntry		8. This corporation owes the current year Int	ang/ble		
24	25	29 30	0			Personal Property Tax.	Yes	□No	
	9. Name and Address of Current I	Registered Agent				10. Name and Address of New Registered	Agent		
8					Name				
BLUMENSTINE, MARC E				82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
58 NE 7TH STREET								_:	
MIAMI FL 33132				83					
				84	4 City 85 Zip Co			Code	
					'	<u> </u>			
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	Olympia de la constanta de la	and title if applicable /NOTE: P.	agistered (	Agen	nt signature required	when reinstating) DATE		<del></del>	
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	- you	it signature required	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12	
TITLE	PD	DELETE	1.1 TITL	LE	1		☐ Change		
NAME	BLUMENSTINE, MARC E		1.2 NA	ME					
STREET ADDRESS	PARTONIA POAD			REET	TADDRESS	·			
CITY-ST-ZIP			1.4 CIT	1.4 CITY-ST-ZIP					
TITLE			_	2.1 TITLE			Change	Addition	
NAME	BLUMENSTINE, MARC L			ME					
STREET ADDRESS	THE PROPERTY AND PROPERTY AND A			REET	TADDRESS				
CITY-ST-ZIP				TY-S	ST-ZIP.	<u> yan a yan a a a a a a a a a a a a a a a</u>		_ ~	
TITLE	ST DELETE 3.11			LE			☐ Change	: Addition	
NAME	BLUMENSTINE, TAMMY		3.2 NAJ	ME					
STREET ADDRESS	1795 DAYTONIA ROAD		3.3 ST	REET	T ADDRESS				
CITY-ST-ZIP	111/111111112001111		3.4. CI	3.4. CITY-ST-ZIP					
TITLE	,	☐ DELETE	4,1 TITLE				Change	Addition	
NAME	-		4. 2 NA	ME					
STREET ADDRESS			4.3 STI	REET	TADORESS				
CITY-ST-ZIP	•			4.4 CITY-ST-ZIP					
TILE	İ	☐ DELETE	5.1 TIT				☐ Change	Addition	
NAME			5.2 NA						
STREET ADDRESS	- -				T ADDRESS				
CITY-ST-ZIP	CH 1-SI-ZIF				17-21P				
TITLE		□ DELETE	6.1 TIT	LΕ	1		Change	e ☐ Addition	

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90266 008 \*\*\*150.00