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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000079361

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90119 046 ***150.00

| BROWAF | RD MARINE EAST, INC. | | | | | |
|---|--|---|----------------------|--|---|-----------|
| Principal Place | e of Business | Mailing Address | | | II sonia i dial i isiia dii di isbi | 1061 |
| 750 NE 7TH AVE. DANIA FL 33004 US | | 1601 SW 20TH ST. FORT LAUDERDALE FL 33315 US | | DO NOT WRITE IN THIS SPACE | | |
| | | | | 3. Date Incorporated or Qualifed | | |
| | | Lo- Maritima Andreas | | 11/17/1993 4. FEI Number | Applied Fo | |
| 2. Principal P | lace of Business | 2a. Mailing Address | |] | Not Applica | |
| 21 | | 26 | | 65-0453859 | \$8.75 Additiona | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | <u>.</u> | 5. Certificate of Status Desired | Fee Required | |
| City & Stat | e · · | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | Country | Zip | Country | 8. This corporation owes the current year | | |
| 24 | 25 | 29 | 0 | Personal Property Tax. | Yes No | |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Registere | d Agent | |
| 800 SUIT FT. (| IM, WILLIAM G JR. CORPORATE DR. IE 510 LAUDERDALE FL 33334 | | 83 200 84 City Fo | ess (P.O. Box Number is Not Acceptable) Ry McNerry Morgan S E Las Olas Blud # oration submits this statement for the purpose | 1800 L 85 33301 | |
| office or r agent. I a SIGNATURE | registered agent, or both, in the State of the mainlight with, and accept the obligat with the company of the c | lons of, Section 607.0505, Florid Leg W. MICHA and the if applicable. (NOTE: Ri | a Statutes. | on's board of directors. I hereby accept the appropriate the specific of the s | AND DIRECTORS IN 1 | 12 |
| TITLE | DPT | ☐ DELETE | 1.1 TITLE | · | ☐ Change ☐ Ac | ddition : |
| NAME | DENISON, FRANKLIN A | | 1.2 NAME | | |); |
| STREET ADDRESS | 1601 SW 20TH ST. | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | 1.4 CITY-ST-ZIP | | | |
| TITLE | VP | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Ac | ddition (|
| NAME | ANNE MAHONEY | | 2.2 NAME | • | | - } |
| STREET ADDRESS | 1601 SW 20TH ST | | 2.3 STREET ADDRESS | | | Ì |
| CITY-ST-ZIP | FT LAUDERDALE FL 33315 | | 2. 4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Ac | ddition |
| NAME | - | | 3.2 NAME | | | - 1 |
| STREET ADDRESS |] | | 3.3 STREET ADDRESS | | | Ì |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | <u> </u> | | 4.000 |
| TITLE | | ☐ DELETÉ | 4.1 TITLE | | ☐ Change ☐ Ad | ddition |
| NAME | } | • | 4, 2 NAME | | | l |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | 1 |
| CITY-ST-ZIP | · | | 4.4 CITY-ST-ZIP | | Change Cla | ddition |
| TITLE | | ☐ DELETE | 5.1 TITLE | • | ☐ Change ☐ Ad | ddition |
| NAME | } | | 5.2 NAME | | | } |
| STREET ADDRESS | · · | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY+ST-ZIP | | — Change C A | ddition |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Ad | JUIUUI |
| NAME | [| | 6.2 NAME | | | - |
| STREET ADDRESS | {· | | 6.3 STREET ADDRESS | | | ĺ |
| |) | | = n4(3)Y-5(-7)P | | | |

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

ENSIGNE MALLO SEGNATION AND EDMAN ON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

954-463-7978

CR2E034 (11/98)