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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90037 001 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000001896

1. Corporation Name
C.M.C. MARINE MANAGEMENT, INC.

Principal Place of Business

920 SE 12 CT
#217
FT. LAUD. FL 33316
US

Mailing Address

C/O ACCTG & BUSINESS CONSULTANTS, INC
790 E. BROWARD BLVD., SUITE 302
FT. LAUDERDALE 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1994

4. FEI Number

65-0461952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1323 SE 17th Street

2a. Mailing Address

26 C/O Accounting & Business Consultants

Suite, Apt. #, etc.

22 Ste. 102

Suite, Apt. #, etc.

27 17 Rose Drive

City & State

23 Ft. Lauderdale FL

City & State

28 Ft. Lauderdale FL

Zip

24 33316

Country

25 USA

Zip

29 33316

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALLAN, CHRISTOPHER
920 SE 12 CT
#217
FT LAUDERDALE FL 33316

81 Name
Christopher Callan

82 Street Address (P.O. Box Number is Not Acceptable)
1323 SE 17th Street

83 Ste. 102

84 City
Ft. Lauderdale

FL

85 Zip Code
33316

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-8-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS CALLAN, CHRISTOPHER
CITY-ST-ZIP 920 SE 12 CT
FT LAUDERDALE FL 33316

1.1 TITLE Christopher Callan ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1323 SE 17th Street Ste. 102
1.4 CITY-ST-ZIP Ft. Lauderdale FL 33316

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)