

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 PM 9:12

DOCUMENT # P94000052381 (8)

1. Corporation Name

CONTRACT ADVISORY SERVICES, INC.

Principal Place of Business

354 COCONUT CIRCLE
FT. LAUDERDALE FL 33326

Mailing Address

354 COCONUT CIRCLE
FT. LAUDERDALE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1994

3a. Date of Last Report

4. FEI Number

65-0532510

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

6. This corporation has liability for intangible tax under s. 199.002,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

County

28

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, LAZ L
100 N.E. THIRD AVE.
SUITE 400
FT. LAUDERDALE FL 33301

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

[Signature]

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS IN 12

TITLE

D

NAME

DORSEY, CARLA B

STREET ADDRESS

354 COCONUT CIRCLE

CITY - ST - ZIP

FT. LAUDERDALE FL 33326

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/95

(305)
584 9523

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000052485 (7)

1. Corporation Name

W.E.T. MARINE, INC.

Principal Place of Business

50 SOUTH U.S. HWY 1, SUITE 304
JUPITER FL 33477

Mailing Address

50 SOUTH U.S. HWY 1, SUITE 304
JUPITER FL 33477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1994

3a. Date of Last Report

2. Principal Place of Business

21 50 South U.S. 1

2a. Mailing Address

26 50 South U.S. 1

4. FEI Number

65-0500496

Applied For

Not Applicable

22 Suite, Apt. #, etc

S-304

27 Suite, Apt. #, etc

S-304

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

Jupiter, FL

28 City & State

Jupiter, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 33477

25 U.S.A.

29 33477

30 USA

7. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EVANS, RICHARD R
40 SOUTH U.S. HWY 1, SUITE 304
JUPITER FL 33477

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

Signature (hand or printed name of registered agent and file if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	EVANS, RICHARD R
STREET ADDRESS	19599 TRAILS END TERRACE
CITY, ST, ZIP	JUPITER FL 33458
TITLE	D
NAME	THOMAS, ROGER G
STREET ADDRESS	19000 LOXAHATCHEE RIVER ROAD
CITY, ST, ZIP	JUPITER FL 33458
TITLE	D
NAME	WITHAM, RICHARD
STREET ADDRESS	50 SOUTH U.S. HWY. 1, #200
CITY, ST, ZIP	JUPITER FL 33477

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	☐ Change ☐ Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	☐ Change ☐ Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	☐ Change ☐ Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	☐ Change ☐ Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	☐ Change ☐ Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

RR Evans
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6/15/95 407-747-5800
(Date) (Telephone #)