## 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

## FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90031 001 \*\*\*150.00

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MILLER'S MOBILE MARINE, INC.										
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Principal Place of Business Mailing Address 4470 RAVENSWOOD ROAD 4470 RAVENSWOOD ROAD							•			
FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312										
								VRITE IN THI	S SPACE	
						1	Date Incorporated or Qualit	fed		•
2. Principal Place of Business 2a. Mailing Address							10/28/1994 El Number		<del>- 17.</del>	
21		26					55-0594479	*=		oplied For of Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.									\$8.75	
22 27						5. 0	Certificate of Status Desired	I 🗆 .	Fee Re	
City & Star	te	City & State	City & State			6. E	lection Campaign Financi	ng (7	\$5.00	May Be
23						<del></del>	rust Fund Contribution		Added t	to Fees
24	Country Zip 29 3			Country			his corporation owes the o	current year li		п.,
24	9. Name and Address of Current		30				ersonal Property Tax.  lame and Address of Ne	u Bagistara	Yes	□No
		Trogiction of Figure	8	1 Na	me	10. 1	danie alto Address (7 144	w veAisreier	Agent	
FARBSTEIN, BEN I										
3109 STRILING RD.			82 Street Addre			ss (P.O	). Box Number is Not Acce	eptable)		
SUITE 101			8	3						
FI.	LAUDERDALE FL 33312		8	4 Cit			<del></del>		85 Zip C	Code
				1	•		·	Fl	_       `	
11. Pursuant office or r	s, the abo	ve-nar	ned corpor	ration s	submits this statement for tod of directors. I hereby ac	he purpose o	f changing its	registered		
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statute	S.	201 POTE LION	i o Doai	a of directors. Thereby ac	cept the appo	munem as reg	gistered (
SIGNATURE	Signature, typed or printed name of registered agent		<del>-</del>				<del></del>			
12,	OFFICERS AND		13.	ent signa	ture required w		stating) DITIONS/CHANGES TO (	DATE DESCRIPTION	ND DIDECTO	DC IN 12
TITLE	DPST	☐ DELETE	1.1 TITLE				DITIONS/OFFANGES TO	JI FIOLKS A	☐ Change	Addition
NAME	MILLER, MICHAEL A		1.2 NAME			•			_	
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CTTY-ST-ZIP	FT LAUDERDALE FL 33312			1.4 CITY-ST-ZIP						)
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STREET ADDRESS			6.3 STREE	T ANNO	-99					
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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 AND TYPED GRAPHINGED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 Date 9549857310 Daving Phone # CR2E034 (1: