PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000016683

1. Corporation Name

L.A. MARINE, INC.

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90094 007 ***150.00



Principal Place of Business Mailing Address				i (##ii##i ii# i#i#i Bitti ##tit ##iit ##ii! ##ii! ##ii! ##ii! ##ii!			
231 SW 21ST TERRACE 231 SW 21ST TERRACE FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312							
FI. EAUDENDALE FE 33012					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					02/27/1995		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For		
21		26			65-0562807 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional		
22	27				5. Certificate of Status Desired Fee Required		
City & State	8	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Intangible		
24		29 30)		Personal Property Tax.		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
				1 Name			
PARTIN, PATRICIA			8	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
231 SW 21ST TERRACE							
FT. LAUDERDALE FL 33312			8	3			
			8	4 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 Fiorida. 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					DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sign 12 OFFICERS AND DIRECTORS 13.				ent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	PD OFFICERS AIN	D DELETE	1.1 TITLE		☐ Change ☐ Addition		
NAME	AUSTIN, LEE	(1.2 NAMI				
	231 SW 21ST TERRACE			ET ADDRESS			
STREET ADDRESS	FT. LAUDERDALE FL 33312		1.4 CITY				
CITY-ST-ZIP	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition		
TITLE	1	- Deter	2.2 NAM				
NAME	PARTIN, PATRICIA				•		
STREET AODRESS	231 SW 21ST TERRACE			ET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	□ DELETE	-2.4 CITY		☐ Change ☐ Addition		
TITLE '		☐ OFFE IF	3.1 TITLE		□ Ortalige □ Addition		
NAME			3.2 NAMI	ł ·			
STREET ADDRESS			3.3 STRE	ET ADDRESS			
C/TY-ST-ZIP			3.4. CITY	-ST-ZIP			

6.2 NAME NAME 6.3 STREET ADDRESS 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.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

☐ DELETE

☐ DELETE

☐ DELETE

Change

Change

Change

Addition

Addition

☐ Addition