

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 08, 1999 8:00 am
Secretary of State

05-08-1999 90046 006 ***150.00

DOCUMENT # P95000017688

1. Corporation Name

MARITIME ARTIFACTS CORP.

Principal Place of Business

C/O DAVID FOSTER
102 SUN FISH LN
JUPITER FL 33477
US

Mailing Address

C/O JIM DOHERTY
1695 LAKE COOK RD. #328
HIGHLAND PARK IL 60035
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1995

4. FEI Number
65-0560665

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

IGOE, JOHN G
C/O EDWARDS & ANGELL
250 ROYAL PALM WAY
PALM BEACH FL 33480

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
TALKS, HOWARD D
STREET ADDRESS 249 TRADEWIND RD
CITY-ST-ZIP PALM BEACH FL 33480

1.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS
CITY-ST-ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D
MORRIS, DOUGLAS P
STREET ADDRESS 515 RED CYPRESS
CITY-ST-ZIP CARY IL 60013

2.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS
CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME DST
DOHERTY, JAMES
STREET ADDRESS 1695 LAKE COOK RD. #328
CITY-ST-ZIP HIGHLAND PARK IL 60035

3.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS
CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D
JOHNSON, BRUCE
STREET ADDRESS 2200 N. POLASKI RD.
CITY-ST-ZIP CHICAGO IL 60639

4.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS
CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D
PATIENCE, JOHN
STREET ADDRESS 29 INDIAN HILL RD
CITY-ST-ZIP WINNETKA IL 60093

5.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS
CITY-ST-ZIP

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: *James Doherty*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

(847) 498-7286

Daytime Phone #

CR2E034 (11/98)