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

DOCUMENT # P95000021263

1. Corporation Name

NORSEMAN MARINE TOWING, INC.

May 01, 1999 8:00 am Secretary of State

05-01-1999 90070 044 ***150.00



	•							8 11 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal Place of Business Mailing Address							9 11095 H&IO 15010	01100 1111 1001
•	EST OLD TRAIL DRIVE EAST	18974 SOUTHWEST OLD T JUPITER FL 33478	774 SOUTHWEST OLD TRAIL DRIVE EAST			DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualifed		
						03/14/1995		}
2. Principal Place of Business 2a. Mailing Address			_			4. FEI Number	Ap	plied For
21 26						65-0813904	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	ite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	Additional
22	,	27				5. Certificate of Status Desired	Fee Re	quired
City & State	e ·	City & State	City & State			6. Election Campaign Financing	\$5.00	
23		28				I rust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country			8. This corporation owes the current year Intangible Personal Property Tax Personal Property Tax		
24	25	29	30	Total Topas, Tax.			E-MU	
· ·	9. Name and Address of Curre	nt Registered Agent	- 81	10. Name and Address of New Registered Agent 81 Name				
ZAPETIS, JR., MICHAEL E								
18974 SOUTHWEST OLD TRAIL DRIVE EAST			82	2 Str	eet Addres	dress (P.O. Box Number is Not Acceptable)		
JUPITER FL 33478			83	-				
5511				1_				
		•	84	Cit	.у	F	85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes				/e-nar	ned corpor	ration submits this statement for the numose	of changing its	registered
office or re	egistered agent, or both, in the State	e of Florida. Such change was a	authorized by	/ the (corporation	's board of directors. I hereby accept the app	ointment as re-	gistered
_	m familiar with, and accept the oblig	ations of, Section 607.0505, Fig	onda Statute	S.				ļ
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTI	E: Registered Age	ent signa	ature required v	when reinstating) DATE	_	 }
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
ππ.ε	PSD □ DELETE 1.11		1.1 TITLE				Change	☐ Addition
NAME				1.2 NAME				
STREET ADDRESS 18974 SOUTHWEST OLD TRAIL DRIVE EAST			1.3 STREE	1.3 STREET ADDRESS				Ì
CITY-ST-ZIP			1.4 CITY-	ST-ZIP_				
TITLE		☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME	÷		2.2 NAME		ŀ			ĺ
STREET ADDRESS	-		2.3 STREE	ET ADDF	₹ESS			Ì
CITY-ST-ZIP			2.4 CITY-ST-ZIP					
TITLE	,	☐ DELETE	3.1 TITLE			·	☐ Change	Addition
NAME			3.2 NAME					Į
STREET ADDRESS			3.3 STREE	ET ADDF	RESS			1
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		<u> </u>	Change	Addition
TITLE		☐ DELETE	4.1 TITLE				[] Change	
NAME	٠.		4. 2 NAME					
STREET ADDRESS			4.3 STREI		RESS			
CITY-ST-ZIP			4.4 CITY-		+-		☐ Change	Addition
TITLE	1 months of the 12 months (12) and 12		5.1 TITLE 5.2 NAME				\$a30	
NAME	(* / ·*				RESS			Ţ
STREET ADDRESS	33			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				
CITY-ST-ZIP			6.1 TITLE		+		☐ Change	Addition
TITLE			6.2 NAME					
NAME			6.3 STREE		RESS			{
STREET ADDRESS	İ							

14. 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 attacking with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

561-748-4249