Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90052 009 \*\*\*150.00

## 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 # P95000025993

1. Corporation Name

ACTION MARINE OF THE FLORIDA KEYS, INC.

Principal Place of Business Mailing Address									
76381 OVERSEAS HIGHWAY 76381 O			OVERSEAS HIGHWAY						
ISLAMORADA FL 33036 ISLAMORADA FL 33036						DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed		
							03/29/1995	Į.	
2. Principal P	lace of Business	2a. Mailin	a Address					Applied For	
21		26	•				l	Not Applicable	
Suite, Apt.	# etc.		Apt. #, etc.	<del></del>			\$8.75	Additional	
22		27					5. Certificate of Status Desired Feel	Required	
City & Stat			State				6. Election Campaign Financing 5.0	<b>0</b> May Be	
23		28					Trust Fund Contribution Adde	d to Fees	
Zip	Country	Zip		Cou	ıntry		8. This corporation owes the current year Intangible	_	
24	25	29		30			Personal Property Tax.	□No	
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent		
1				_	81	Name			
BOLESKY, TRACY H					82 Street Addre		dress (P.O. Box Number is Not Acceptable)		
501 GOODLETTE ROAD					62 Street Addit		TOOS (1.0. DOX Hallings to Not Notophasis)		
	E B-106				83				
NAPLES FL 33940						85 Zi	p Code		
•					84	City	FL   ss   2	p Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Ftorida. Suc	h change was al	uthorized	עם נ	the corporation	poration submits this statement for the purpose of changing ion's board of directors. I hereby accept the appointment as	its registered registered	
SIGNATURE							red when reinstating) DATE		
	Signature, typed or printed name of registered agent			Registered	i Agen	nt signature require	red when reinstating) , DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12	
12.	OFFICERS AND	DIRECTOR	DELETE	1,1 1	ti c		Chang		
TITLE	KENTZEL, ROBERT A JR.								
NAME '				1.2 N					
STREET ADORESS	ICLAMODADA EL AGOCO					ADDRESS			
CITY-ST-ZIP	ISLAMORADA FL 33036		□ perete	_	TY-S1	r-zip	Chang	e Addition	
TITLE "	D COURSE SOUTH FO		☐ DELETE	2.1 T			Chang	E	
NAME	KENTZEL, BRENDA BUTLER			2.2 N				j	
STREET ADORESS					TADDRESS	•			
CITY-ST-ZIP	ISLAMORADA FL 33036			_	_	T-ZIP	, Change	e Addition	
TITLE			☐ DELETE ~	`3.1 TI			Chang	e Maddition	
NAME	` .			3.2 N				Į	
STREET ADDRESS	,			3.3 S	TREET	T ADDRESS			
CITY-ST-ZIP				_		ST-ZIP		- Addition	
TITLE	,		☐ DELETE	4.1 T	TLE		☐ Chang	je 🗌 Addition	
NAME				4.21	AME			ľ	
STREET ADDRESS				4.3 S	TREET	TADORESS	•		
CITY-ST-ZIP				_	TY-S1	T-ZIP			
TITLE			☐ DELETE	5.1 T			☐ Chang	je 🗌 Addition	
NAME	,			5.2 N				1	
STREET ADDRESS				5.3 S	TREET	TADDRESS		i	

STREET ADDRESS 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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

Kentzel, IR

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

☐ DELETE

**SIGNATURE:** 

CITY-ST-ZIP

TITLE

☐ Change

☐ Addition