## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPAREMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P950000 48940 (7)

MARITIME CONSULTANTS LIMITED, INC,

May 15, 1999 8:00 am Secretary of State

05-15-1999 90012 045 \*\*\*158.75

Principal Place of Business Mailing Address				
19370 Collins AvenhE		1		
ShirE 810 SAME MIAMI BEACH, FL 33160		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
		2. Principal Place of Business   2a. Mailing Address		4. FEI Number
21 19370 Collins AVE 26 SAME		65-05968701	Not Ap	plicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			\$8.75 Addit	tional
22 Suite 810 27		5. Certificate of Status Desired	Fee Requir	ed
City & State City & State		6. Election Campaign Financing \$5.00 May Be		
23 MIAMI BEACH I-L 28		Trust Fund Contribution	Added to Fe	ees
Zip Country Zip Country		8. This corporation owes the current year into		
24 33160 25 NSA 29	30	Personal Property Tax.	☐ Yes 📉	10
9. Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Registered	Agent	
SCHEER GEROCE L	OT Maine			
Scheen, George L 17201 Collins Aus #174 83 Sunny Isles, FL 33160 84 City		dress (P.O. Box Number is Not Acceptable)		
11201 COLLINS QUE#	179			
Summer tales F1 221/2	/  63			
34NNY 43185, FL 33160	84 City	FI	85 Zip Code	;
		FL	shanging its rogi	otorod
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was at</li> </ol>	ithorized by the corporati			
agent. I am familiar with, and accept the obligations of, Section 607.0505, Flor	ida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE:	Registered Agent signature require	ed when reinstating) DATE		<u> </u>
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	IN 12
TITE DELETE	1,1 TITLE			Addition
NAME JOSEPH STANKY R	1.2 NAMÉ			
STREET ADDRESS 19370 COLLINS JAVE 4810	13 STREET ADDRESS			i
	1.4 CITY-ST-ZIP			ļ
TITLE D JOSEPH, APRIL 5 DELETE  NAME 19370 COLLINS AUG SUITO810	2.1 TITLE		☐ Change ☐	Addition
NAME 1937 - A TIPE CONSTITUTE	2.2 NAME			l
STREET ADDRESS	2.3 STREET ADDRESS			
CITY-ST-ZIP MUCAMI BEACH, FL 33160	2.4 CITY-ST-ZIP			
TITLE DELETE	3.1 TITLE		Change	Addition
NAME	3.2 NAME	_ ,		
STREET ADDRESS	3 3 STREET ADDRESS			Ì
CITY-ST-ZIP	3.4. CITY-ST-ZIP			
TITLE DELETE	4.1 TITLE		☐ Change ☐	Addition
NAME	4, 2 NAME			
STREET ADDRESS	43 STREET ADDRESS			ļ
CITY-ST-ZIP	4.4 CITY-ST-ZIP			
TITLE DELETE	51 TITLE		☐ Change	Addition
NAME	5.2 NAME			]
STREET ADDRESS	5.3 STREET ADDRESS			-
CITY-ST-ZIP	5.4 CITY-ST-ZIP			
TITLE DELETE	6.1 TITLE		☐ Change ☐	Addition
NAME	6 2 NAME			ļ
STREET ADDRESS	6.3 STREET ADDRESS			
CITY-ST-ZIP	6.4 CITY-ST-ZIP			
14. I horoby gottify that the information counting with this filing does not qualify for	45	C	7 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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 informati 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 changes, or on an attachmental manual report as all other like empowered.

SIGNATURE:

305 937 77/2 Daytime Phone #