

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

FILED

Apr 16 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P95000070058 (9)**

1. Corporation Name

INDEPENDENT MARINE, INC.

Principal Place of Business

**6908 SOUTH WEST 110TH AVENUE
MIAMI FL 33173**

Mailing Address

**6908 SOUTH WEST 110TH AVENUE
MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1995

4. FEI Number

65-0617056

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

| | |
|--------------------------------|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 420 WEST RIVER DRIVE | 26 420 WEST RIVER DRIVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 JUPITER, FLORIDA | 28 JUPITER, FLORIDA |
| Zip | Zip |
| 24 33458-6840 | 29 33458-6840 |
| Country | Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

**MARKO, DAVID
2 SOUTH BISCAYNE BOULEVARD
SUITE 2800
MIAMI FL 33131**

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 | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D GAENSSLEN, ROY | 1.2 NAME | GAENSSLEN, MELANIE ROY |
| STREET ADDRESS | 6908 SOUTH WEST 110TH AVENUE | 1.3 STREET ADDRESS | 420 WEST RIVER DRIVE |
| CITY-ST-ZIP | MIAMI FL 33173 | 1.4 CITY-ST-ZIP | JUPITER, FLORIDA 33458-6840 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | GAENSSLEN, JAMES M. |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 420 WEST RIVER DRIVE |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | JUPITER, FLORIDA 33458-6840 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE:

James M. Gaensslen **JAMES M. GAENSSLEN** 1APR98

(561) 7458777

CR2E034 (10/97)