FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

SAME AS ABOVE

Country

81 Name

82

B3

84

City

30

1996

DIVISION OF CORPORATIONS P95000078929 (3)

DOCUMENT #

MARITIME SOLUTIONS, INC.

SAME AS ABOVE

25

MAXWELL, RAYMOND E

1001 ROSETTA DRIVE

DELTONA FL 32725

Country

9. Name and Address of Current Registered Agent

Principal	Place of	Business

Mailing Address

2a, Mailing Address

City & State

Zio

27

28

29

Suite, Apt. #, etc.

1001 ROSETTA DRIVE **DELTONA FL 32725**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

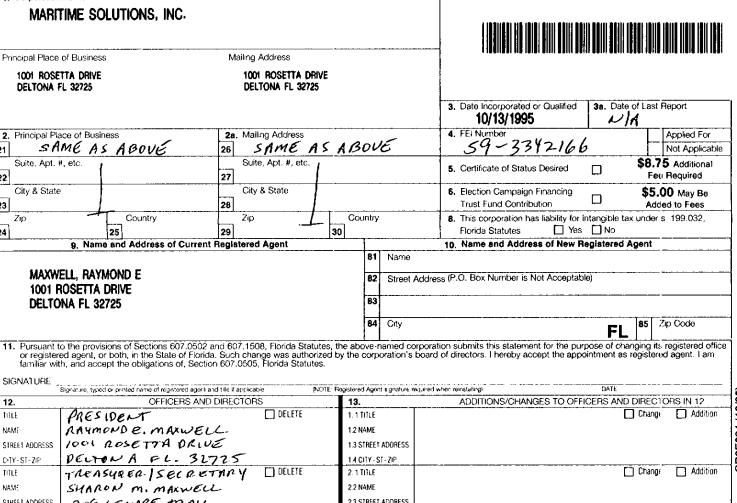
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Zip

1001 ROSETTA DRIVE DELTONA FL 32725



SIGNATURE					
12.	Signature, typed or printed name of registered agent and tills if applicable OFFICERS AND DIRECTORS	(NOIE F	agistered Agent's greature requ	ined when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 12	
TITLE		☐ DELETE	1. 1 TITLE	Change Addition	
	PRESIDENT RAYMONDE, MAXWELL	Corcer	1.2 NAME		
NAME					
STREET ADDRESS	1001 ROSETTA DRIVE		1.3 STREET ADDRESS		
C·TY-ST-ZIP	DELTON A FL. 32725	F-1 pr. F75	1.4 CITY-ST-ZIP		
TITLE	1,	DELETE	2. 1 TITLE	Change Addition	
NAME	SHARON M. MAXWELL		2.2 NAME		
STREET ADDRESS	309 LENAPE TRAIL		2.3 STREET ADDRESS		
CITY - ST - ZIP	TOMS RIVER NJ 0875.	3	2.4 CITY-S1-ZIP		
TITLE		☐ DELETE	3 1 TITLE	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP			3.4 City - St - ZiP		
TITLE		☐ DELETE	4 1 TITLE	Changr — Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE	Change Addition	
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIF			5.4 CHTY-ST-ZIP		
TITLE		DELETE	6 1 TITLE	☐ Chang₁ ☐ Addition	
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

M. Markel I = 1/5

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR