

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000080750 (9)

1. Corporation Name

~~GPS SEA TOW, INC.~~  
GPS MARITIME INC.

Principal Place of Business

13225 ARCH CREEK TERRACE  
NORTH MIAMI FL 33181

Mailing Address

13225 ARCH CREEK TERRACE  
NORTH MIAMI FL 33181



2. Principal Place of Business

2a. Mailing Address

21 7601 E. TREASURE DRIVE

26 P.O. Box 611175

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ST. 19

27

City & State

City & State

23 NORTH BAY VILLAGE, FL.

28 NORTH MIAMI, FL.

Zip

Country

Zip

Country

24 33141

25 USA

29 33261

30 USA

9. Name and Address of Current Registered Agent

CARROLL, SAMMY B JR  
7601 E. TREASURE DRIVE  
#2402  
NORTH BAY VILLAGE FL 33141

3. Date Incorporated or Qualified

10/20/1995

3a. Date of Last Report

4. FEI Number

X65-061-6097

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

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 SAMMY B. CARROLL JR.

Signature, typed or printed name of registered agent and title if applicable

S. Carroll Jr.

Signature, typed or printed name of registered agent and title if applicable

3/20/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
STREET ADDRESS CARROLL, SAMMY B  
CITY-ST-ZIP 7601 E. TREASURE DRIVE #2402  
N BAY VILLAGE FL 33141

TITLE ☐ DELETE

NAME D  
STREET ADDRESS HOWE, GREGORY T  
CITY-ST-ZIP 13225 ARCH CREEK TERRACE  
NO. MIAMI FL 33181

TITLE ☐ DELETE

NAME D  
STREET ADDRESS HOWE, PATRICIA  
CITY-ST-ZIP 13225 ARCH CREEK TERRACE  
NO. MIAMI FL 33181

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE: GREGORY T. HOWE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AS SECRETARY 3/20/96 305-945-8022

DATE

Telephone #

CR2E034 (12/95)