Applied For

Fee Required \$5:00-May-Be-

Added to Fees

Not Applicable \$8.75 Additional

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000008195

5701 N. PINE ISLAND RD., STE. 250 FT. LAUDERDALE FL 33321

1. Corporation Name MIDDLETON MARINE TRANSPORT, INC.										
Principal Place	e of Business	Mailing Ad	ddress				112010311101010101111111111111111111111			
4104 SE 20TH			4104 SE 20TH PL #A2							
CAPE CORAL F	L 33904	CAPE COR	tal FL 33904			ĺ	DO NOT WRITE IN			
,							Date Incorporated or Qualifed 01/22/1996			
2. Principal Place of Business		2a. Mailing	g Address				FEI Number			
21		26				1	65-06548 <u>04</u>			
Suite, Apt.	#, etc.	— <u> </u>	Apt. #, etc.			5.	Certificate of Status Desired			
22		[27]	<del>_</del>			<b>├</b> ─				
	0		State	<del></del>		_6:-	Election: Campaign: Financing = . Trust Fund Contribution			
Zip	Country			Country	_	-	This corporation owes the current y			
24	25	29	30	,	•	1	Personal Property Tax.			
9. Name and Address of Current Registered Agent							Name and Address of New Regis			
	MOND, HARRY A			81	Name Street Addre	ss (P	O. Box Number is Not Acceptable)			

## **FILED** Mar 24, 1999 8:00 am **Secretary of State**

03-24-1999 90072 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

8. This corporation owes the current year Intangible Personal Property Tax.

10. Name and Address of New Registered Agent

•				<u> </u>				85 Z	ip Code
			84	City			FL	65   4	ip code
office or re	to the provisions of Sections 607.0502 and 607.1508, Flo egistered agent, or both, in the State of Florida. Such cha in familiar with, and accept the obligations of, Section 607	nge was authonzed	I DV 1	-named the corpo	corporation submits this oration's board of directo	statement for the	e purpose of c ept the appoint	hanging ment as	its registered registered
SIGNATURE						<del>-</del>	DATE		
	Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS	(NOTE: Registered	Ageni	signature re	equired when reinstating)	HANGES TO O		DIREC	TORS IN 12
12.		DELETE 1,1 TI	ne		ADDITIONO	7/7/1020 10 0	THOE INDIAN	Chan	
TITLE									
NAME {	MIDDLETON, NORMAN	1.2 N/							
STREET ADDRESS	4104 SE 20TH PL., #A2	1.3 \$1	REET	ADDRESS					
CITY-ST-ZIP	CAPE CORAL FL 33904		TY-ST	-ZIP_					ne
TITLE	-	DELETE 2.1 TI	ΠE	ļ				Chan	ge 🗀 Addition
NAME	MIDDLETON, JUANITA	2.2 N/	ME						
STREET ADDRESS	4104 SE 20TH PL., #A2	2.3 \$1	REET	ADDRESS					
CITY-ST-ZIP	CAPE CORAL FL 33904	2.40	ITY-S	r-zip	<u> </u>		<u></u> -	<del>-</del>	
TITLE		DELETE 3.1 π	ΠE					Chan	ge 🔲 Additio
NAME	•	3.2 N	ME						
STREET ADDRESS		3.3 S	REET	ADDRESS					
CITY-ST-ZIP		3.4. C	ITY-S	r-zip	·				
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NAME		4.2 N	AME						
STREET ADDRESS	•	4.3 \$1	REET	ADDRESS		Ť			
CITY-ST-ZIP			TY-S1	-ZIP \			-		
TITLE		DELETE 5.1 TI	TLE	l				Chan	ge 🔲 Additio
NAME		5.2 N	WE			•			
STREET ADDRESS		5.3 \$	REET	ADDRESS					
CITY-ST-ZIP			TY-51	-ZIP					
TITLE .		DELETE 6.1 TI	TLE					Chan	ge 🗌 Additio
NAME		6.2 N	ME						
STREET ADORESS	en e	6.3 \$	REET	ADDRESS					
CITY-ST-ZIP	ing tinggan ing setilik ing pangkanan di kananan di kananan di kananan di kananan di kananan di kananan di kan Nasarah kananan di kan		TY-S1						
14. I hereby o	ertify that the information supplied with this filing does not	t qualify for the exe	mpti	on stated	l in Section 119.07(3)(i),	Florida Statutes	. I further certi	fy that th	ne information

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Indicated on this annual report or supplied with this limit does not qualify for the exemple stated in Section 13 etc. of 150 (1), include stated 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR