

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90004 032 ***150.00

DOCUMENT # **P96000032892**

1. Corporation Name

MCKENNA MARINE CORPORATION

Principal Place of Business

**890 S DIXIE HIGHWAY
CORAL GABLES FL 33146**

Mailing Address

**890 S DIXIE HIGHWAY
CORAL GABLES FL 33146**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1996

4. FEI Number

65-0666791

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**SCHREIBER, GERHARDT A
890 S DIXIE HIGHWAY
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name **SCHREIBER, GERHARDT A.**
82 Street Address (P.O. Box Number is Not Acceptable)
RICE FOWLER
83 **A LIMITED LIABILITY COMPANY COUNSELLORS AT LAW**
2222 Ponce de Leon Blvd.
84 City **Penthouse Suite** **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, sole proprietor, partnership, or other unincorporated entity, has 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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **MCKENNA, LISA**
STREET ADDRESS **501 SE 19TH ST**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **ST** ☐ DELETE
NAME **MCKENNA, ALAN**
STREET ADDRESS **501 SE 19TH ST**
CITY-ST-ZIP **FT LAUDERDALE FL**

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 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, with all other like empowered.

SIGNATURE:

ALAN MCKENNA SECRETARY / TREASURER
Date **12/1/99** Daytime Phone # **305 296 0965**

CR2E034 (1/98)