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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Feb 04 1997 8:00am Secretary of State

1. Corporation Name NORDIC MARINE MANAGEMENT, INC.								ĺ					
Prir	ncipal Placi	e of Business			Mailing A	ddress							
1525 S. ANDREWS AVENUE 1323 SE 17 STRE							पटनज		i				
l	SUITE	1.	**************************************	4102		SUITE # 521							
			क्त क्ल	22216			। दिव	22216	<u> </u>				
	rr. La US					FT. LAUDERDALE, FL. 33316 US				<ol> <li>Date Incorporated or Qualified 04/22/1996</li> </ol>	<b>3a.</b> D	ate of Last F	Report
2.	Principal Pl	lace of Busine	ss		2a. Mailin	g Address			Ī	4. FEI Number		A	pplied For
21					26					APPLIED FOR		N	lot Applicable
22	Suite, Apt.	#, øtc.			Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required
	City & State	e			City & State					6. Election Campaign Financing		\$5.00	May Be
23					28					Trust Fund Contribution			to Fees
	Zip	Country			Zip Country					8. This corporation has liability for	intangible	tax under	s. 199.032.
24		25 29 30							)			🔀 No	
	9. Name and Address of Current Registered Agent									10. Name and Address of New Re	gistered	Agent	
	MOD 5 TO	TC 700		•			81	Name					]
	MORATTIS, ROBERT J.							Ciro et A	ol ola o o o	(D.O. Bay Number in Not Appoint	-la)	<del></del>	
	1310 SE THIRD AVENUE							Street A	adress	(P.O. Box Number is Not Acceptab	ne)		ļ
]	FT. LAUDERDALE, FL. 33316							<del> </del>		<del></del>			
	·							<u> </u>				·	
•							84	City			FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the							the about	o namod c	2010010	tion submits this statement for the		f changing	its registered
	office or re	enistered and	ent, or both.	in the State of	Florida, Suc	chichange was au	thorized by	v the carpo	oration	's board of directors. I hereby accep	of the app	changing i pointment as	s registered
	agent. I ar	m femiliar with	n, and acce	pt the obligation	ons of, Section	on 607.0505, Flori	da Statute	S.					,
SIG	NATURE								<del></del>				
	<del></del>	Signalura, typed o		of registered agent a		ble (NOTE.	13.	ent signature re	required v	hen reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIDECTO	DC 11/10
12.	<del></del> .	DPV	- OF	FICERS AND L	JINEC I DNS	DELETE	11 TITLE	<del></del>		ADDITIONS/CHANGES TO OFFIC	ENS AIVI	Change	
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TITLE						DELETE	4.1 TITLE					Change	Addition
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STRE	ET ADDRESS						4.3 STREET	ADDRESS					}
CITY	-ST-ZIP	_					4.4 CITY - S	ST-ZIP					
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NAM	E						5.2 NAME					( 7:7	<u> </u>
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	ET ADDRESS						63 STREET	ADDRESS		-00000207 -02/05/970109	311	44	
	-ST-ZIP						64 CITY-5	1		***165.00			i
		ov codify that	the informat	ion cupplied i	ith this filing	door not qualify			ated in	Section 119 07/3/(i) Elerida Statuto	c I furtho	r cortifu that	t the

Information indicated on this annual report of 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 sopplation in 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 I/Cylanged or on an attachment with an address. Jan. 30, 1997

SIGNATURE:

954-524-0025