Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90080 032 ***158.75

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

DOCUMENT # P96000041053

1. Corporation Name

A.P.J. MARINE, INC.

700 100 171	Alline, mo-		_					
Principal Place of Business Mailing Address				•	I PROBLEM TO THE WITH WITH WANTE ABILITY	986H 98HD 91881		B1188 1111 1981
205 SW 21ST ST 205 SW 21ST ST FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33315 US					DO NOT WRITE	. IN THIS SP/	ACE	•
					3. Date Incorporated or Qualifed 05/14/1996			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		T Ap	plied For
21		26			65-0666532		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						. \$	8.75 A	Additional
27			_			\	Fee Re	
City & State					6. Election Campaign Financing		\$5.00	
23 28			Country		Trust Fund Contribution		Added t	5 Fees
Zip	Country	Zip	¬ ´		This corporation owes the current Personal Property Tax.			□No
24	25	29 30	<u> </u>		10. Name and Address of New Reg			
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Hame and Address of Hear 140g	Jiotorou yigo		
JED	IS, ALAN							
205 SW 21ST ST				Street Addr	ress (P.O. Box Number is Not Acceptable	e)		
FT. L	AUDERDALE FL 33315		83					
			84	City		FL	5 Zip C	Code
							naina ita	ragistarad
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		LOTE D		 		DATE		
42	Signature, typed or printed name of registered agen	nt and title if applicable (NOTE: Re	13.	t signature require	ADDITIONS/CHANGES TO OFFIC		IRECTO	RS IN 12
TITLE	PD	DELETE DELETE	1.1 TITLE				Change	Addition
NAME	JELLIS, ALAN		1.2 NAME					
STREET ADDRESS	205 SW 21ST ST	l l	13 STREET	ADORESS				
			1.4 CITY-S	[
CITY-ST-ZIP TITLE			2.1 TITLE				Change	☐ Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP		•	2. 4 CITY- 9	Į.				ì
TITLE			3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE] Change	☐ Addition
NAME			4. 2 NAME					Ì
STREET ADDRESS			4.3 STREE1	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	r-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME		-			
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	r-zip				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR