## 4-2-48 B-4093 NC FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000060573 (8)

MARINE VESSEL DOCUMENTATION SERVICES, INC.

## **FILED** Apr 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					( 190 liber ile tolie ditti Abtu setti berii	ANIM Barna marat mitter ift.	/86 (c); c86)
7428 124TH S SEMINOLE FL	7428 124TH STREET NOI SEMINOLE FL 33772			DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualified		
					07/18/1996		}
2, Principal Place of Business 2a, Mailing Address				<del></del>	4. FEI Number	T Är	oplied For
21	26				59-3397067	<del>- + ·</del>	ot Applicable
Suite, Apt. #, etc.   Suite, Apt. #, etc.					1	CO 75	Additional
22	27				5. Certificate of Status Desired	1 1 7 -	equired
City & State	City & State City & State				6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid	the current year Int	angible
24	25 29 30			Personal Property Tax due June 30. Yes No			
ļ	9. Name and Address of Currer	it Registered Agent		231 :.	10. Name and Address of New Reg	stered Agent	
VA.	aler, robert j			81 Name			
7428 124TH STREET NORTH			ŀ	82 Street Addr	ess (P.O. Box Number is Not Acceptable	<del></del>	
( SEI	MINOLE FL 33772		-				
			-	83			1
			ŀ	84 City		<b>85</b> Zip	Code
						FL	
office or re	o the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was a	uthorized	by the corporat	poration submits this statement for the purion's board of directors. I hereby accept	rpose of changing it the appointment as	s registered registered
SIGNATURE							1
SIGNATORIE	Signature, typed or printed name of registered age	nt and title if applicable INOTi	Registered	Agent signature requir	ed when reinstating)	DATE	F
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	P	L.] DELETE	1.1 TIT	E (		Change	Addition (
NAME	VAALER, ROBERT J.		1.2 NA	VIE			5
STREET ADDRESS	7428 124TH ST. N.		1.3 \$16	REE1 ADDRESS			ایا
CITY-ST-ZIP	SEMINOLE FL			Y-S1-ZIP			
TITLE	VP	☐ DELETE	2.1 111	.E		☐ Change	L_] Addition C
NAME	VAALER, JOYCE A.		2.2 NAI	VIE.			ļ
STREET ADDRESS	,		2.3 STF	REET ADDRESS			
CITY-ST-ZIP				Y-\$1-7IP			
TITLE	_ ·		3.1 717				Addition
NAME			3.2 NA	WE			
STREET ADDRESS			3.3 STF	REET ADDRESS			)
CITY-ST-ZIP				IY-S1-ZIP			
TITLE		☐ DELETE	4.1 7(7	.E		Change	Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STF	EET ADDRESS			ļ
CITY - ST - ZiP			4.4 CIT	Y-ST-ZIP			
TITLE		DELETE	5.1 1111	.E		☐ Change	Addition
NAME			5.2 NAI	ME			
STREET ADDRESS			5.3 STF	EET ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP		······	
TITLE	· <del></del>	☐ DELETE	6.1 TIT	.E		☐ Change	Addition
NAME			6.2 NAI	ME			ľ
STREET ADDRESS			63 S1F	EET ADDRESS			
CITY - ST - ZIP			6401	Y-S1-ZIP			

14. Thereby 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 supplymental 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 of 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, orbit an attachment with an address.