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

**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # P96000081666

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90134 039 \*\*\*150.00

1. Corporation	ATIONAL MARITIME SERVIC	ES, INC.					
Principal Place of Business Mailing Address							
2440 88TH AVE 2440 88TH AVE							
VERO BEACH FL 32966 US US					DO NOT WRITE IN THIS S	PACE	
ŲS		00			3. Date Incorporated or Qualifed		$\neg$
					09/30/1996		}
Principal Place of Business     2a. Mailing Address					4. FEI Number	Applied F	or
26		26	-		65-0779262	Not Appli	cable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		A-11	5. Certificate of Status Desired	\$8.75 Addition	nal
22		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State		-	6. Election Campaign Financing	<b>\$5.00</b> May B	е
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	!	8. This corporation owes the current year Inta-	ngible	- 1
24	25	29 30	l		Personal Property Tax.  10. Name and Address of New Registered A	Yes No	
	9. Name and Address of Currer	it Registered Agent	81	Name	10. Name and Address of New Registered A	gent	
HUR	ESKY. WALTER E		"	( vanie			
2440 88 AVE			82	Street Add	ress (P.O. Box Number is Not Acceptable)		{
	O BEACH FL 32966		83				
·			03				
			84	City	FL	85 Zip Code	}
44 Durauant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes t	the show	e-named com		hanging its registe	red
office or r	egistered agent, or both, in the State	of Florida. Such change was autho	rized by	the corporation	poration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	ment as registere	d ]
agent. I a	m familiar with and accept the obliga	itions of, Section 607.0505, Florida	Statutes	i.	21,199		
SIGNATURE	Signature, typed or printed name of registered age		£ €5€ istered Ager		d when reinstating) DATE	<del></del>	- [
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN	12
TITLE	P	□ DELETE 1.1 T WALTER E 12N				Change	Addition
NAME	HURESKY, WALTER E						
STREET ADDRESS	2440 88TH AVE 1.3 ST		1.3 STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL 32966	1.4cl		T-ZIP			
TITLE	VP	☐ DELETE	2.1 TITLE			Change /	Addition
NAME	SCHEURER, ELLEN 22N		2.2 NAME	İ			ĺ
STREET ADDRESS	DRESS 5 MAJESTIC AVE 2.3		2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2.4 CITY-S	ST- <b>ZIP</b>			
TITLE		☐ DELETE . 3.1 TI		}		Change /	Addition
NAME		3.2 M					1
STREET ADDRESS			3.3 STREE	TADDRESS			ļ
CITY-ST-ZIP			3.4, CITY-5	ST-ZIP			1.00
TITLE	1	☐ DELETE	4.1 TITLE	Ì		Change	Addition
NAME		4.2					
STREET ADDRESS			4.3 STREE	TADORESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		☐ Change ☐ A	Addition
TITLE			51 TITLE			⊢ Aliana II +	TOGIOOTI
NAME			5.2 NAME	TADODECC			. )
STREET ADDRESS	•			TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	11-24			<del></del>
TITLE		[] halete	6.1 TITLE			☐ Change ☐ /	\ddition
NAME		☐ DELETE	6.1 TITLE 6.2 NAME			☐ Change ☐ /	Addition

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.

64 CITY-ST-ZIP

SIGNATURE: