PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000085439

ASAP MARINE SURVEYING, INC.

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90094 019 ***150.00



Principal Place of Business 404 SOUTH BEACH STREET #804 DAYTONA BEACH FL 32114 Mailing Address 404 SOUTH BEACH STREET #804 DAYTONA BEACH FL 32114) (NEICNA) (IN INITA BILLI ANDIC ASILI ANDIC	18481 10101 8 1111 9	1006 11110 1011 1001
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							3. Date Incorporated or Qualifed	INIS SPACE	
							10/14/1996		j
2 Dringing Di	ace of Business	2a. Maili	ng Address				4. FEI Number		Applied For
· ·	ace of business	26	ig Address				59-3406081	H	Not Applicable
Suite, Apt.	# etc		, Apt. #, etc.					\$8.7	5 Additional
22	ir, 500.	27	, , , , , , , , , , , , , , , , , , , ,				5. Certifcate of Status Desired		Required
City & State	e~ ·		City & State			· .	6. Election Campaign Financing	\$5.0	00 May Be
23		28	8				Trust Fund Contribution	Add	ed to Fees
Zip Country		Zip	Zip Country				8. This corporation owes the current year	r Intangible	
24	25	29	30	0			Personal Property Tax.	☐ Yes	ØNo
	9. Name and Address of Curren	t Registered	Agent				10. Name and Address of New Registe	red Agent	
5	NE				81	Name			
BEEBE, OTTO W					82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
404 SOUTH BEACH STREET #804									
DAY	TONA BEACH FL 32114				83	i			ļ
					84	City		FL 85	Zip Code
			O Finds Otatula		Ш		•	(its registered
office or 6	egistered agent, or both, in the State (of Florida. Su	ch change was auth	horized	י עם נ	the corporation	oration submits this statement for the purpos n's board of directors. I hereby accept the a	ppointment a	s registered
agent. I a	m familiar with, and accept the obligat	tions of, Secti	on 607.0505, Florid	da Statı	utes.	•			
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12.	Signature, typed or printed name of registered agen OFFICERS AN			13.	- Agen	r signature requirer	ADDITIONS/CHANGES TO OFFICER		CTORS IN 12
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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: