May 04, 1999 8:00 am Secretary of State

05-04-1999 90116 010 ***150.00

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 # P96000095159 1. Corporation Name

API MARINE SALES, INC.

Principal Place of Business		Mailing Address					10101 01107 110	
1100 NW 55TH STREET 1100 NW 55TH STREE								
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 3			309				00105	
US US						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
						11/21/1996		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		pplied For
21		26				65-0250137		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	5. Certificate of Status Desired		Additional Required
City & State	в	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Çou	intry		8. This corporation owes the current year Int	angible	ì
24	25	29	30			Personal Property Tax.	Yes	Mo
	9. Name and Address of Current	Registered Agent		Ī .		10. Name and Address of New Registered	Agent	
				81	Name			
SCH	ineider, Brian			-	5: 1411	(0.0.0.1)		
1100 NW 55TH STREET				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		ĺ
FT. LAUDERDALE FL 33309				83				
				84	City	FL	85 Zip	Code
office or re	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was	s authorized	ועלונ	the corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	changing it ntment as r	s registered egistered
-	iiii tamijiai witir, and accept the obligati	ions of, Section 607.0505, F	Florida Stat	utes.	•			\
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NC	TE: Registered			d when reinstating) DATE	***	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NC D DIRECTORS	TE: Registered	Agent		nd when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NC	TE: Registered	Agent			ID DIRECT	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NC D DIRECTORS	TE: Registered	Agent				
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NC D DIRECTORS	13. 1.1 Ti 1.2 N	Agent TLE AME				
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND P SCHNEIDER, BRIAN	t and title if applicable. (NC D DIRECTORS	13. 1.1 Ti 1.2 N 1.3 Si	Agent TLE AME	t signature require			
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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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

Addition