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

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90216 018 ***150.00

DOCUMENT # P96000095441 1. Corporation Name

MARINE COORDINATING, INC.

Principal	Place	of	Business

EUR BOICKELL KEY UDINE

SOM RRICKELL KEY DRIVE



SUTIE 406				DO NOT V	VRITE IN THIS !	SPACE			
MIAMI FL 33131 MIAMI FL 33131			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified						
					11/18/1996			į	
2 Oringinal Di	loce of Punisons	2a. Mailing Address			4. FEI Number		Ι.Α	pplied For	
21 3630	lace of Business N.W. N. RW(1)	126 3630 N.W. N	. R	iver Dr.				ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	d 🔲 _		Additional equired		
City & State City & State					6. Election Campaign Financi	 ina	\$5.00	May Be	
23 MIAMI, PL 28 MIAMI, FI			<u> </u>		Trust Fund Contribution		Added	to Fees	
24 331	142 25 USA	^{Zip} 33142 30	Country U	4	This corporation owes the a Personal Property Tax.		☐Yes	□No	
	9. Name and Address of Current	Registered Agent		т	10. Name and Address of Ne	w Registered A	gent		
			81	Name					
MARCILLE, DOUGLAS W			82 Street Address (P.O. Box Number is Not Acceptable) 30 30 N.W. N. RIVEY DVIVE						
	BRICKELL KEY DRIVE			3603	$0 \mathcal{N} \cdot \mathcal{N} \cdot \mathcal{N}$	/. <i>K</i>)V	CV_	Drive	
	E 406		83						
MIAN	MI FL 33131		84	City			85 <u>Z</u> ip	Code / a	
•			- 1	MI	AMI	FL	37	314 ८	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, th	e abov	e-named corpo	pration submits this statement for	the purpose of o	hanging its	registered	
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	i Florida. Such change was authori	zea by	the corporation	n's board of directors, i nereby ac	ccept the appoin	imeni as ie	gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regist	ered Age	nt signature required	when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO	OFFICERS ANI	DIRECTO	ORS IN 12	
TITLE	D	☐ DELETE 1	.1 TITLE				☐ Change	☐ Addition	
NAME	GRIFFIN, JOHN	1	.2 NAME						
STREET ADDRESS	501 BRICKELL KEY DRIVE	1	.3 STREE	T ADDRESS					
CITY-ST-ZIP	MIAMI FL 33131	:1	4 CITY-S	IT-ZIP					
TITLE		☐ DELETE . 2	.1 TITLE				☐ Change	☐ Addition	
NAME		2	.2 NAME					J	
STREET ADDRESS		2	.3 STREE	TADDRESS					
CITY-ST-ZIP			. 4 CITY-	ST-ZIP					
TITLE		☐ DELETE 3	.1 TITLE				Change	☐ Addition	
NAME		3	.2 NAME						
STREET ADDRESS		3	.3 STREE	TADDRESS					
CITY-ST-ZIP			.4. CITY-	ST-ZIP			Change	Addition	
TITLE			.1 TITLE				☐ Criange	L. Addition	
NAME			. 2 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP			.4 CITY-S	ST-ZIP			☐ Change	☐ Addition	
TITLE			1 TITLE				criange		
NAME			2 NAME	T 40000000					
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			4 CITY-5	SI-ZIP			Chanca	☐ Addition	
TITLE		_ been	1 TITLE				☐ Change	☐ Addition	
NAME	l '	6	.2 NAME	1					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR