## 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 # P96000097262

1. Corporation Name

SMITTY'S SHIP STORE, INC.

## FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90036 018 \*\*\*150.00



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Principal Plac	e of Business	Mailing	g Address				1 1991981 118 18118 81111 88111 8	1111 ESIL 2016		2004 040 044	
727 SO. KROME AVENUE 727 SO. KROME AVENUE											
HOMESTEAD FL 33030 HOMESTEAD FL 33030					:		DO NOT WRITE IN THIS SPACE				
							<u></u>		SPACE		1
	v .						3. Date Incorporated or Qualifed 11/25/1996				
2. Principal P	lace of Business	2a. Ma	iling Address			-	4. FEI Number		Ар	plied For	
21	•	26					65-0732771		No	t Applicable	١
Suite, Apt.	#, etc.	Su	ite, Apt. #, etc.						\$8.75	Additional	ļ
22	r	27					5. Certifcate of Status Desired		Fee Re	quired	
City & Stat	e	Cit	ty & State				6. Election Campaign Financing		\$5.00	May Be	
23		28			<del></del>	شتيدست	Trust Fund Contribution		Added 1		
Zip	Country	Zip		Cou	intry		8. This corporation owes the cur	rent year Inti	angible		
24	25	29		30			Personal Property Tax.		Yes	□No	
	9. Name and Address of Curre	nt Registere	d Agent				10. Name and Address of New	Registered /	Agent		1
0.15	DANIA DODERTI COO				81 Nam	e CRU	WLEY, WILLIAM P JR				
	DANA, ROBERT L ESQ	•			82 Stre		ss (P.O. Box Number is Not Accept	able)			İ
1	VEST FLAGLER STREET						SOUTH KROME AVE				1
,	E 2080				83	- 121	. KKOPE AVE			•	
MIAI	MI FL 33130				84 City			<del>~~~</del>	85 Zip.(	ode.	ł
,		//	2		City	HOM	ESTEAD	FL	[ [°°] 3'37	030	
11. Pursuant	to the provisions of Sections 607-65	02 and 60 .1	1508, Florida Statu	tes, the a	bove-name	ed corpo	ration submits this statement for the	purpose of	changing its	registered	1
office or r	to the provisions of Sections 607.65 egistered agent, or both, in the State im familiar with, and account he oblig:	e of Florida. S ations of Sec	Such change was a ction 607,0505, Flo	authorizeo orida Stati	d by the co utes.	rporation	i's board of directors. I hereby acce	pt the appoir	itment as re	gistered	ĺ
		Van de		Ó	111/11	am	P. CROWLEY JR	4	1/20/6	70	
SIGNATURE	Signature typed of finited memoral regimener age	ent and title if app		E: Registered	Agent signatu	re required	when reinstating)	DATE	<del>/^7//</del>	<i></i> _	] [
12.	OFFICERS AI	ND DIFECTO	ORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN			3
TITLE	D (		☐ DELETE	1.1 TT	TLE				Change	☐ Addition	3
NAME	CROWLEY, WILLIAM P JR	U		1.2 N	AME						1
STREET ADDRESS	727 SO. KROME AVENUE			1.3 ST	REET ADDRES	ss				!	[
CITY-ST-ZIP	HOMESTEAD FL 33030			1.4 CF	TY-ST-ZIP						6
πιε	D		☐ DELETE	2.1 Tf	TLE				Change	Addition	١,
NAME	CROWLEY, ROBIN			2.2 N/	AME						
STREET ADDRESS	727 SO. KROME AVENUE						•				1
CITY-ST-ZIP	HOMECTEAD CL 00000			2.3 ST	REET ADDRES	ss					
	HOMESTEAD FL 33030				TREET ADDRES	SS					
TITLE	- MESTEAU FL 33030		DELETE		ITY-ST-ZIP				Change	☐ Addition	
TITLE NAME			DELETE	2. 4 C	ity-st-zip Tle		~ .		☐ Change	Addition	
· ·			DELETE	2. 4 Ci 3.1 TT 3.2 NA	ity-st-zip Tle	* = -	~1		Change	☐ Addition	
NAME			DELETE	2. 4 Ci 3.1 Ti 3.2 N/ 3.3 ST	ity-st-zip Tle Ame	* = -	~ 2	`	Change	☐ Addition	
NAME STREET ADDRESS			☐ DELETE	2. 4 Ci 3.1 Ti 3.2 N/ 3.3 ST	ITY-ST-ZIP TLE AME TREET ADDRES ITY-ST-ZIP	* = -	~ 2	`	☐ Change	☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		_ 4	☐ DELETE	2. 4 Cl 3.1 TT 3.2 Nv 3.3 ST 3.4 .C 4.1 TT 4. 2 N 4.3 ST 4.4 Cl 5.1 TT 5.2 Ne	ITY-ST-ZIP TLE  AME TREET ADDRES ITY-ST-ZIP TLE AME TREET ADDRES TY-ST-ZIP TLE	555		``	. Change	☐ Addition	
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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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, of on an attachglent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE