

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

FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000103807 (9)

1. Corporation Name  
EAST COAST MARINE LIQUIDATORS INC.



Principal Place of Business

924 SE 15TH COURT  
DEERFIELD BEACH FL 33441

Mailing Address

924 SE 15TH COURT  
DEERFIELD BEACH FL 33441-7420

2. Principal Place of Business

21 4521 N. Federal Hwy  
Suite, Apt. #, etc.

2a. Mailing Address

26 4521 N. Federal Hwy  
Suite, Apt. #, etc.

City & State

23 Pompano Beach, FL  
Zip Country

City & State

28 Pompano Beach, FL  
Zip Country

24 33064

25

29 33064

30

9. Name and Address of Current Registered Agent

KIESLING, ROBERT  
400 EXECUTIVE CENTER DR STE 200  
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified

12/27/1996

3a. Date of Last Report

4. FEL Number

65-0622294

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Brian Lynn CPA

82 Street Address (P.O. Box Number is Not Acceptable)

Two S. University Drive

83

Suite 215

84 City

Plantation

FL

85 Zip Code

33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Brian Lynn

2/6/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	VELGER, ROBERT	
STREET ADDRESS	924 SE 15TH COURT	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	DELETE
NAME	MURJEFF, MITCH	
STREET ADDRESS	924 SE 15TH COURT	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

M. Murjeff  
Mitch MURJEFF

Treas.

2/7/97

Date

Daytime Phone # 0006649

CR2E034 (9/96)