## 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 # P9700001881

1. Corporation Name

FLAGSHIP MARINE GROUP, INC.

## Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90016 036 \*\*\*150.00

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Principal Place	e of Business	Mailin	g Address				_  .	( )=0:10=-1					, , , , , , , , , , , , , , , , , , , ,
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2. Principal Place of Business 2a. Mailing Address									7				ot Applicable
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numer.			ite, Apt. #, etc.			5.	Certificate of S	Status Des	ired		,	eguired	
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24	25	29		30	1			Name and A		Now Po	istored		
	9. Name and Address of Cu	rrent Register	ea Agent		81	Name		. Hame and A	- 	HEN KE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- April	
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BARCA, DAILIN L 16580 SW 146TH CT.					82	Street	eet Address (P.O. Box Number is Not Acceptab				e)		
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MIA	MI FL 33177				83								
					84	City						85 Zip	Code
			-		1 1	'					<u>FL</u>	.   _	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.	1508, Florida Statu	tes, the a	pove	-named	corporation	on submits this	statement	for the pu	rpose of	changing it	s registered
office or i	registered agent, or both, in the St am familiar with, and accept the ob	tate of Florida. Nications of Se	Such change was a ection 607.0505. Flo	autnonze orida Sta	a by tutes:	the corpo	ooration s b	oard of director	S. I Hereby	accept	ite appoi	illiileiit as i	egistored
	•	inganona on, o	,										
SIGNATURE	Signature, typed or printed name of registered	d agent and title if ap	plicable. (NOT	E: Registere	d Agen	it signature i	required when	reinstating)			DATE		<del></del> .
12.		AND DIRECT		13.				ADDITIONS/C	HANGES	TO OFFI	ERS AN	D DIRECT	
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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:

SNATUKE REQUIRED ADDRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR