03-16-1999 90029 023 ***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**

DOCLIMENT

1. Corporation	PRE MARINER, INC.	009265				
Principal Place of Business Mailing Address						311.0 11010 01101 Q118 1001
280 N JULIA CIRCLE 280 N JULIA CIRCLE ST PETERSBURG BEACH FL 33706 ST PETERSBURG BEACH FL					204074477447	0.5
					DO NOT WRITE IN THIS SPA	UE
					3. Date Incorporated or Qualifed	ļ
	A Positioner	2- Mailing Address			01/24/1997 4. FEI Number	Applied For
2. Principal Place of Business 2a. Mailing Address					59-3426383	Not Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						8.75 Additional
22 27					5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	5.00 May Be
23		28				Added to Fees
Zip 24	Country 25	Zip	Country 30	у	This corporation owes the current year Intangit Personal Property Tax.	
	9. Name and Address of Currer				10. Name and Address of New Registered Ager	ıt
			81	Name		
Green, Roger G 280 n Julia Circle St Petersburg Beach FL 33706			82	Street Add	idress (P.O. Box Number is Not Acceptable)	
			<u> </u>			
			83	3		
			84	1 City	FL ⁸	5 Zip Code
		20 4 607 4500 Ftida Statuta	n the abou	in named corr	poration submits this statement for the purpose of characteristics.	nging its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	inf Florida, Such change was au	ithorized by	v the corporati	on's board of directors. I hereby accept the appointme	nt as registered
-	m tamiliar with, and accept the conga	mons of, Section dov.0000, Flori	ida Olatidio	5 .		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Age	ent signature require	ed when reinstating) DATE	
12.	OFFICERS Af	ND DIRECTORS	13.	······································	ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE	D	☐ DELETE	1.1 TITLE		Ц	Change
NAME	GREEN, ROGER G		1.2 NAME			
STREET ADDRESS	1 ====		1.3 STREET ADDRESS			
ST PETERSBURG BEACH FL 33706		1.4 CITY-ST-ZIP			Change Addition	
TITLE		☐ DELETE	2.1 TITLE			Cliaride
NAME			2.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		☐ DELETE	2. 4 CITY- 3.1 TITLE	ST-ZIP		Change Addition
TITLE			3.1 IIILE			
NAME				ET ADDRESS		
STREET ADDRESS			3.4. CITY-			
CITY-ST-ZIP TITLE	DELETE		4.1 TITLE			Change ☐ Addition
NAME			4, 2 NAME			
STREET ADDRESS				ET ADORESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		· 🗆	Change
NAME			5.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY-			Ohanna (7) 4 4 200 -
TITLE		☐ DELETÉ	6.1 TITLE		Ц	Change Addition
NAME			6.2 NAME			•
STREET ADDRESS	1		6.3 STRE	ET ADDRESS		

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 of the received 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 changes, or on an attactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

HAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREEN

727-367-4668