**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

Apr 19, 1999 8:00 am Secretary of State 04-19-1999 90081 015 \*\*\*150.00

**FILED** 

## 1999 DOCUMENT # P97000020501

SPECIAL	TY MARINE SERVICE OF N				
Principal Piso	e of Business	Malting Address		i	
855 8TH STREET SOUTH 855 8TH STREET SOUTH					
NAPLES FL 34102 NAPLES FL 34102				DO NOT WRITE IN THE	IS SPACE
				3. Date Incorporated or Qualified	
	•			03/05/1997	
2 Denoinal D	tace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	ides of Brownson	28		59-3431471	Not Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.	<del></del>	5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e ``	City & State	·	6. Election Campaign Financing	\$5.00 May Be_
23		28		Trust Fund Contribution	Added to Fees
Zlp	Country	Zip .	Country	8. This corporation owes the current year i	ntangible
24	25		10	Personal Property Tax.  10. Name and Address of New Registers	
	9. Name and Address of Current	t Registered Agent	81 Name	In. Mame and workers of New Kedisters	o Chaur
AMERICANACED CHARTERED			True Co	17 A 39 1 1840	
AMERILAWYER CHARTERED			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
343 ALMERIA AVENUE CORAL GABLES FL 33134			83	1 ACRA DE CHE	
CON	NE CADLES PE 35154		83		·
			84 City	-Lea 3\ F	85 Zip Code
		0 COT 4500 Florida Ctab das	the above remed cor	moration submits this statement for the purpose	of changing its registered
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607.1508, Florida Statutes of Florida, Such change was aut	horized by the corporat	tion's board of directors. I hereby accept the app	ointment as registered
agent, I a	m familiar with, and accept the obligat	tions of Section 607.0505, Floring	da Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	99
SIGNATURE	NOUS NILLINGS	HULL DOC !	~ Daken	red when reinstating) DAITE	! 1
12.	Signature, typed or printed name of registerits agent	D DIRECTORS	1 83.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TILE	PD	DELETE	1.1 TITLE		Change Addition
NAME	DUROCHER, LEE A		1.2 NAME		j
STREET ADDRESS			1.3 STREET ADDRESS	by Royal en	
CITY-ST-ZIP	NAPLES FL 34102		1 '	VERICE IS BUILD	
TITLE	VSID ~ G	DELETE	2.1 TIRE		☑ Change ☐ Addition
NAME	DUROCHER, JEFFREY T		2.2 NAME		
STREET ADDRESS	AND AND OTHER COLUMN		23 STREET ADDRESS	LUAN YORK AUB 6.U	
CITY-ST-ZIP	NAPLES FL 34102				2
TITLE.			2.4 CITY-ST-ZIP		11 b
NAME	X Ca	DELETE	2.4 CITY-ST-ZIP		
	} <b>}</b>		3.1 TITLE .		11 b
STREET ADDRESS	Bussense KARA	<i>(v)</i>	3.1 TITLE .  3.2 NAME  3.3 STREET ADDRESS	Marana Kacen Derman Kacen 1674 Ruga en	Change PAddition
STREET ADDRESS CITY-ST-ZDP	Bussense KARA	<i>en</i>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZP	Marcher Horen North Chight en North Chight en North Chight en	☐ Change ☐ Āddison
L .	Bussense KARA	<i>(v)</i>	31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZBP 4.1 TITLE	Mayles 71 34114 Mayles 71 34114	Change PAddition
CITY-ST-ZEP	MODIES 71 3	CONTRACTOR DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZBP 4.1 TITLE	Mayles 71 34114 Mayles 71 34114	☐ Change ☐ Addition
CITY-ST-ZEP	Drawnes 4 m	DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZBP 4.1 TITLE	Marcher Horen North Chight en North Chight en North Chight en	☐ Change ☐ Addition
CITY-ST-ZEP TITLE NAME	Drawned Vm Losher +13	DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZP	Mayles 71 34114 Mayles 71 34114	Change
CITY-ST-ZIP TITLE NAME STREET ADDRESS	Drawings you be Lawings you MODIES 71 3 1622 Control Con 3	DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	LAND SOON HOSEN  LOSA CONTROL ON 3411  CONTROL ON 1910  C	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	Drawings you be Lawings you MODIES 71 3 1622 Control Con 3	DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZP 5.1 TITLE 5.2 NAME	LAND SOON HOSEN  LOSA CONTROL ON 3411  CONTROL ON 1910  C	Change
CITY-ST-ZDP TITLE NAME STREET ADDRESS CITY-ST-ZDP TITLE	Museuse Lun Drawings Vin Mobile 71 3 Mobile 71 3	DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	LAND SOON HOSEN  LOSA CONTROL ON 3411  CONTROL ON 1910  C	Change
CITY-ST-ZBP TITLE NAME STREET ADDRESS CITY-ST-ZBP TITLE NAME	Museuse Lun Drawings Vin Mobile 71 3 Mobile 71 3	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	LAND SOON HOSEN  LOSA CONTROL ON 3411  CONTROL ON 1910  C	Change
CITY-ST-ZBP TITLE NAME STREET ADDRESS CITY-ST-ZBP TITLE NAME STREET ADDRESS	Museuse Lun Drawings Vin Mobile 71 3 Mobile 71 3	DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	LAND SOON HOSEN  LOSA CONTROL ON 3411  CONTROL ON 1910  C	Change
CITY-ST-ZBP TITLE NAME STREET ADDRESS CITY-ST-ZBP TITLE NAME STREET ADDRESS CITY-ST-ZBP	Museuse Lun Drawings Vin Mobile 71 3 Mobile 71 3	DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	LAND SOON HOSEN  LOSA CONTROL ON 3411  CONTROL ON 1910  C	Change
CITY-ST-ZBP TITLE NAME STREET ADDRESS CITY-ST-ZBP TITLE NAME STREET ADDRESS CITY-ST-ZBP TITLE	Museuse Huse	DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	LAND SOON HOSEN  LOSA CONTROL ON 3411  CONTROL ON 1910  C	Change

CTTY-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.

REPUBLICADO O DE COME CO COME

=::

- ::: =:18: 

**3**446

= 22 = 2

= ##