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FILED

Jun 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000040221 (8)

1. Corporation Name
MARINE FLUSH SYSTEMS, INC.

Principal Place of Business

4190 NW 79 AVE #2-C
MIAMI FL 33166

Mailing Address

4190 NW 79 AVE #2-C
MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 20985 SW 84ave

Suite, Apt. #, etc.

22 City & State

23 MIAMI, FLORIDA

24 Zip

33189

Country

25 DDC/U.S.A.

2a. Mailing Address

26 20985 SW 84ave

Suite, Apt. #, etc.

27 City & State

28 MIAMI, FLORIDA

29 Zip

33189

Country

30 DDC/U.S.A.

3. Date Incorporated or Qualified

05/06/1997

4. FEI Number

65-0750453

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDERSON, KENNETH J
4190 NW 79 AVE #2-C
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

Kenneth J. ANDERSON

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

20985 SW 84ave

83

84 City

MIAMI

FL

85 Zip Code

33189

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 Kenneth J. ANDERSON

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/28/1998

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PSTD
ANDERSON, KENNETH J
STREET ADDRESS 4190 NW 79 AVE #2-C
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ DELETE

NAME VD
GOMEZ, ANGEL
STREET ADDRESS 4190 NW 79 AVE #2-C
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME PSTD
ANDERSON, Kenneth J
1.3 STREET ADDRESS 20985 SW 84ave
1.4 CITY-ST-ZIP MIAMI, FLORIDA 33189

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VD
Gomez, Angel
2.3 STREET ADDRESS 20985 SW 84ave
2.4 CITY-ST-ZIP MIAMI, FLORIDA 33189

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME S. Sales mgr.
3.3 STREET ADDRESS Rio Gardineer
20985 SW 84ave
3.4 CITY-ST-ZIP Miami, Florida 33189

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Director
4.3 STREET ADDRESS Lisa Gomez
20985 SW 84ave
4.4 CITY-ST-ZIP MIAMI, FLORIDA 33189

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME 600002577866
6.3 STREET ADDRESS -07/01/98-01054-035
6.4 CITY-ST-ZIP ***158.75

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.

SIGNATURE:

04/28/1998 (3X) 971-0211

CR2E034 (10/97)