


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

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Apr 20, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000040221			
1. Corporation Name MARINE FLUSH SYSTEMS, INC.			
Principal Place of Business 20985 SW 84 AVE MIAMI FL 33189		Mailing Address 20985 SW 84 AVE MIAMI FL 33189	
2. Principal Place of Business 21 20985 S.W. 84 AVE Suite, Apt. #, etc.		2a. Mailing Address 26 20985 S.W. 84 AVE Suite, Apt. #, etc.	
22 City & State 23 MIAMI, FLORIDA Zip 33189 Country DADE		27 City & State 28 MIAMI, FLORIDA Zip 33189 Country DADE	
9. Name and Address of Current Registered Agent ANDERSON, KENNETH J 20985 SW 84 AVE MIAMI FL 33189		10. Name and Address of New Registered Agent 81 Name ANDERSON, KENNETH J. 82 Street Address (P.O. Box Number is Not Acceptable) 20985 S.W. 84 AVE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ANDERSON, KENNETH J 20985 SW 84 AVE MIAMI FL 33189	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PSTD. ANDERSON, KENNETH J 20985 S.W. 84 AVE MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOMEZ, ANGEL 20985 SW 84 AVE MIAMI FL 33189	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GIARDINIERI, RIO 20985 SW 84 AVE MIAMI FL 33189	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, LISA 20985 SW 84 AVE MIAMI FL 33189	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-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.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)