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 # **P97000040221**

1. Corporation Name

MARINE FLUSH SYSTEMS, INC.

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90155 028 ***158.75

Principal Place	of Business	Mailing Address					
20985 SW 84 AVE 20965 SW 84 AVE							
MIAMI FL 33189		MIAMI FL 33189			DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualifed		;
					05/06/1997		,
O Drivers of DI	ace of Business	2a. Mailing Address			4 FFI Number		Applied For
2. Principal Pi	S.W. SHAVE	26 -20985 S.W.	. 874	AW.	65-0750453	. —	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.					Additional
<u> </u>	#, etc.	 			5. Certifcate of Status Desired		Required
City & State		City & State			6. Election Campaign Financing	\$5.0	0 May Be
City & State	I FLODIDA	28 MIAMI, FLORIDA			Trust Fund Contribution	, · ·	d to Fees
23 MIAM	11, FLORIDA - Country	28 MIAMI, FLORIDA Zip Country 29 3.3/89 30 DADA.			8. This corporation owes the curren		
24 33/	89 DE DADE -	29 33/89 30	Ď,	ADIZ	Personal Property Tax.	☐Yes	□No
24 271	9. Name and Address of Current		Ť		10. Name and Address of New Re	gistered Agent	
	3. Haine and Address of Continu	. Itagistoi va Ageit	81	Name			
AND	erson, Kenneth J						
	5 SW 84 AVE		82	Street	Address (P.O. Box Number is Not Acceptable 20985 S. W. S. HAVE	e)	Į
	/il FL 33189		83	ļ 	20732 5.00. 47002		
ļ """			"]			
İ			84	City	MIAMI	E1 85 Z	p Code 3/89
				<u>.</u>	-		
office or re	egistered agent or both in the State (of Florida. Such change was autho	rized by	the coro	corporation submits this statement for the proration's board of directors. I hereby accept	irpose of changing the appointment as	registered
agent, I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	Statutes	i.			
SIGNATURE							
	Signature, typed or printed name of registered agen			nt signature	required when reinstating)	DATE	T000 IV 40
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	
, TITLE	PSTD	☐ DELETE	1.1 TITLE	•	PSTD. ANDERSON, KANNETH J		le 🗆 Yourou
NAME	ANDERSON, KENNETH J		1.2 NAME		TINDERSON, PRINNERS	_	
STREET ADDRESS	20985 SW 84 AVE	1	1.3 STREET ADDRESS		209855.W. 84 AVE MIAMI, FL 33189	•	
CITY-ST-ZIP	MIAMI FL 33189		1.4 CITY-S	T-ZIP	MIAMI, PL 33/89		
TITLE	VD	☐ DELETE	2.1 TITLE		_	☐ Chang	ge 🗌 Addition
NAME	Gomez, angél	. :	2.2 NAME		!		j
- STREET ADDRESS	20985 SW 84 AVE	ياك وكنافت سيسيد العج يستبدر	2.3 STREE	FADDRESS	Contraction of the contraction o	يتعود سنته أأره ومحممتها	
CITY-ST-ZIP	MIAMI FL 33189		2. 4 CITY-5	T-ZIP	<u> </u>		
TITLE	M	☐ DELETE	3.1 TITLE			☐ Chang	ge 🗀 Addition
NAME:	GIARDINIERI, RIO	i	3.2 NAME		ĺ		
STREET ADDRESS	20985 SW 84 AVE		3.3 STREE	T ADDRESS	·		
CITY-ST-ZIP	MIAMI FL 33189	<u> </u>	3.4. CITY-5	T-ZIP]		
TITLE	D		4.1 TITLE			Chang	ge 🔲 Addition
NAME I	GOMEZ, LISA		4. 2 NAME				
STREET ADDRESS	20985 SW 84 AVE	•		TADORESS	}		
1	MIAMI FL 33189		4.4 CITY-S				
CITY-ST-ZIP	INIDAM I E SO TOS	□ DELETE	5.1 TITLE	17-23		Chang	ge Addition
į l		<u> </u>	5.2 NAME			. –	
NAME				T ADDRESS	<u> </u>		
STREET ADDRESS	,	1	5.4 CITY-S				İ
CITY-ST-ZIP		DELETE	6.1 TITLE			[] Chang	ge [] Addition
TITLE		D 546615	6.2 NAME			الماري الماري	
NAME		İ		TADDRESS	1.		
STREET ADDRESS							
CITY+ST+ZIP	l		6.4 CITY-S		d in Section 119 07/3)(i) Florida Statutes I f		

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 turner 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:

(IREXEQUIRED STEPH E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR