

04231999-90072-001-\$150.00-\$150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90072 001 ***150.00

DOCUMENT # P97000054752 or

1. Corporation Name

360 MARINE INC

PMB 288

Principal Place of Business

Mailing Address

757 SE 17 STREET #288
F7 LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6/20/97

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

65-0767123

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible
Personal Property Tax.☒ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROY L. SULLIVAN

PMB 288

757 SE 17 STREET #288

F7 LAUD FL 33316

81 Name

DANIEL P. GREENWALD CPA

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

4503 N.W. 103RD AVE. SUITE 101

83

SUNRISE FL

84 City

FL

85 Zip Code

33351

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)

5-14-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

ROY L. SULLIVAN

☐ DELETE

NAME

757 SE 17 STREET #288

STREET ADDRESS

F7 LAUD FL 33316

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-99

Date

614-2233

Daytime Phone #

CR2E034 (1/98)