

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90259 016 ***150.00

DOCUMENT # P97000061262

1. Corporation Name
LOWE TIDE CHARTERS, INC.

Principal Place of Business
**10561-SOUTHWEST-113TH-PLACE-
MIAMI-FL-33176--**

Mailing Address
**10561-SOUTHWEST-113TH-PLACE
MIAMI-FL-33176--**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/15/1997

4. FEI Number
65-0767872

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 **14220 S.W. 86TH AVENUE**

2a. Mailing Address
26 **14220 S.W. 86TH AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 **MIAMI, FLORIDA**

27 City & State
28 **MIAMI, FLORIDA**

24 Zip Country
25 **33158 DADE**

29 Zip Country
30 **33158 DADE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOWE, GREGORY B
10561-SOUTHWEST-113TH-PLACE-
MIAMI-FL-33176--**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
14220 S.W. 86TH AVENUE
83
84 City **MIAMI** **FL** 85 Zip Code **33158**

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 **PD** ☐ DELETE
NAME **LOWE, GREGORY B**
STREET ADDRESS **10561-SOUTHWEST-113TH-PLACE-**
CITY-ST-ZIP **MIAMI FL 33176 --**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **14220 S.W. 86TH AVENUE**
1.4 CITY-ST-ZIP **MIAMI, FLORIDA 33158**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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: **GREGORY B. LOWE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GREGORY B. LOWE PRESIDENT

Date

Daytime Phone #

X 3/9/99 **X 305-255-8660**

CR2E034 (11/98)