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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90197 013 ***158.75

DOCUMENT # P97000063886

1. Corporation Name

GLOBAL MARINE SUPPLY, INC.

Principal Place of Business	Mailing Address	Marie II		2 2112 2 11121 12121 12112 2111 1221 -
2768 W 68TH PL 2768 W 68TH PL HIALEAH FL 33012 HIALEAH FL 33012				
U\$	US		DO NOT WRITE IN THIS	S SPACE
			3. Date Incorporated or Qualifed 07/22/1997	
2. Principal Place of Business	2a. Mailing Address	h =	4. FEI Number	Applied For
21 2768 W 68th PLACE	26 2768 W 681	h PIACE	APPLIED FOR 65-083953	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22	27			
City & State	City & State 28 HIALEAH	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	This corporation owes the current year In	
├──	29 33016 30	¬	Personal Property Tax.	X Yes □No
24 33016 25 US 9. Name and Address of Curret	120	<u>, </u>	10. Name and Address of New Registered	
J. Hamo and Address C. Con-		81 Name		
CLAVIJO, GEORGE F		00 00-14-11	(D.O. Day Muschania Nati Accordable)	
2768 W 68TH PL		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
HIALEAH FL 33016		83		
		84 City	FI	85 Zip Code
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations.	of Florida. Such change was auth	orized by the corporation	oration submits this statement for the purpose o on's board of directors. I hereby accept the appo	f changing its registered intrent as registered
SIGNATURE				
Signature, typed or printed name of registered age		ogistered Agent signature required		
, <u> </u>	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	DD DIRECTORS IN 12
TITLE DPS	☐ DELETE	1.1 TITLE		C] Citalings 1 Vocation
NAME CLAVIJO, GEORGE F		1.2 NAME		
STREET ADDRESS 2768 W 68TH PL		1.3 STREET ADDRESS		
CITY-ST-ZIP HIALEAH FL 33016		14 CITY-ST-ZIP		Change Addition
TITLE	☐ DELETE	2.1 TITLE		□ Cliange □ Addison
NAME		2.2 NAME	•	
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	☐ DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE	□ SELETE	3.1 TITLE		C ondrige C receiver
NAME		3.2 NAME		.
STREET ADDRESS		3.3 STREET ADDRESS		İ
CITY-ST-ZIP	☐ DELETE	3.4. CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE	□ DELETE			
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		٤ - ا
CITY-ST-ZIP		4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME		• 51 IIII F		
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STREET ADDRESS	☐ DELETE	5.2 NAME 5.3 STREET ADDRESS		- Markar 14 me - 11 me
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CITY-ST-ZIP TITLE	☐ DELETE	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST-ZIP		To a second seco
CITY-ST-ZIP	_	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		To a second seco

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 employered 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 attact ment with an address, with all other like empowered.

QUIRED

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SHAWIN NING OFFICER OR DIRECTOR