## 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** May 13, 1999 8:00 am Secretary of State

05-13-1999 90048 038 \*\*\*150.00

## DOCUMENT # P97000067898

1. Corporation Name

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MARINTECK, INC.

Principal Place of Business Mailing Address						
16229 NW 20 ST 16229 NW 20 PEMBROKE PINES, FL.33028 PEMBROKE			) ST : PINES, FL.		DO NOT WRITE IN	THIS SPACE
PEMBI	HUKE PINES, PL.33	DEO LEMBROKE		3028	3. Date incorporated or Qualifed	
			ت ت	3000	Aug.4/97	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
	ace of business	26			65-0773166	Not Applicabl
21 Suite, Apt.	# AIC	Suite, Apt. #, etc.			5 Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current ye	
24	25	29 30	<u> </u>		Personal Property Tax.	Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	lered Agent
JEAN	A.ROUZIER		81	Name		
16229	TROS WN E		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	ROKE PINES, FL. 3	3028	<u> </u>	<u> </u>		
, _,,,_,			83			
į			104	<del></del>		85 Zip Code
			84	,		FL
Affice of a	to the provisions of Sections 607.0502 registered agent, or both, in the State of m familiar with, and accept the obligation	i Fionda, Such Change was auvic	the above	e-named corporation	oration submits this statement for the purpon's board of directors, I hereby accept the	FL
office of r agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligation	ons of, Section 607,0505, Florida	the above orized by Statutes	e-named corporation		pse of changing its registered appointment as registered
office or r agent. I a SIGNATURE	registered agent, or both, in the State of im familiar with, and accept the obligation Signature, typed or printed name of registered agent in	ons of, Section 607,0505, Florida and title if applicable. (NOTE: Reg	the above orized by Statutes	e-named corporation	when reinstaining)	pse of changing its registered appointment as registered
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office or agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of the stat	Include: Such change was additions of, Section 607,0505, Florida and title if applicable. (NOTE: Rep  DIRECTORS  DELETE	the above orized by Statutes 13. 1.1 TILE 12 NAME 1.3 STREE 1.4 CITY-S	e-named corporation the corporation in signature required TADORESS	when reinstaining)	ose of changing its registered appointment as registered
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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 of the reporter 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 enanged, or on an appearment with an address, with all other like empowered. CITY-ST-ZIP

4. 2 NAME

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

**5.3 STREET ADORESS** 

6.3 STREET ADDRESS

SA CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE: PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-30-99 Date

(954)270-9391

CR2E034 (11/98)

Addition

Addition

Daytima Phone #

Change

Change