

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 02, 1999 8:00 am
Secretary of State

03-02-1999 90015 041 ***150.00

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DOCUMENT # P97000069175

1. Corporation Name

BOSWORTH MARINE MANAGERS, INC.



Principal Place of Business

1 BEACH DRIVE ~~SW~~ SE
SUITE 1006
ST PETERSBURG FL 33701

Mailing Address

1 BEACH DRIVE ~~SW~~ SE
SUITE 1006
ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1997

4. FEI Number

59-3468835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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 1 BEACH DR SE
Suite, Apt. #, etc.

2a. Mailing Address

26 1 BEACH DR SE
Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LAZZARA, BETTY B
1 BEACH DR SE
SUITE 1006
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE P ☐ DELETE

NAME LAZZARA, BETTY B
STREET ADDRESS 1 BEACH DR SE SUITE 1006
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE VP ☐ DELETE

NAME LAZZARA, STEVEN B
STREET ADDRESS 8337 TALLAHASSEE DR SE N.E.
CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE VP ☐ DELETE

NAME LAZZARA, RICHARD C
STREET ADDRESS 1934 BRIGHTWATERS BLVD NE
CITY-ST-ZIP ST PETERSBURG FL 33704

TITLE S ☐ DELETE

NAME FONTANA, GINA LAZZARA
STREET ADDRESS 5267 WHITE SANDS CIR NE
CITY-ST-ZIP ST PETERSBURG FL 33703

TITLE T ☐ DELETE

NAME LAZZARA, JOAN E
STREET ADDRESS 825 NE 47 TERRACE A
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 655 TALLAHASSEE DR NE
4.4 CITY-ST-ZIP ST PETERSBURG, FL 33702

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 2215 CYPRESS Island Dr #201
5.4 CITY-ST-ZIP Pompano Beach, FL 33069

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:

Betty B. Lazzara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 20, 1999 727-898-6060
Date Daytime Phone #

CR2E034 (11/98)