

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jul 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Maritime Technologies Corporation

Principal Place of Business

820 Northeast 24th LN  
Cape Coral, FL 33909

Mailing Address

12500B Wayzata Blvd  
Minnetonka, MN  
55305

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

8/12/97

4. FEI Number

65-0775377

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 or has paid the current year Intangible  
Personal Property Tax due June 30

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

Jennifer L. Whitelaw  
850 Park Shore Drive  
Suite 203  
Naples, FL 34103-3587

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 607.0532 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: Jennifer Whitelaw

(Signature of person named as registered agent and filing this report)

(NOTE: If registered agent is a corporation, the signature is required when filing this report)

12. OFFICERS AND DIRECTORS

TITLE: President  
NAME: Ray Zitzloff  
STREET ADDRESS: 6547 Daniel Court  
CITY-STATE-ZIP: Fort Myers, FL 33309

TITLE: ☐ DELETE  
NAME: ☐ DELETE  
STREET ADDRESS: ☐ DELETE  
CITY-STATE-ZIP: ☐ DELETE

TITLE: ☐ DELETE  
NAME: ☐ DELETE  
STREET ADDRESS: ☐ DELETE  
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TITLE: ☐ DELETE  
NAME: ☐ DELETE  
STREET ADDRESS: ☐ DELETE  
CITY-STATE-ZIP: ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: ☐ Change ☐ Addition  
1.2 NAME: ☐ Change ☐ Addition  
1.3 STREET ADDRESS: ☐ Change ☐ Addition  
1.4 CITY-STATE-ZIP: ☐ Change ☐ Addition

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

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

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

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

6.1 TITLE: ☐ Change ☐ Addition  
6.2 NAME: ☐ Change ☐ Addition  
6.3 STREET ADDRESS: ☐ Change ☐ Addition  
6.4 CITY-STATE-ZIP: ☐ Change ☐ Addition

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\*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 addition without an address.

SIGNATURE:

Ray Zitzloff

Ray Zitzloff

5/26/98

612-544-1013

CR2E034 (10/97)