## 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

## DOCUMENT # P97000082542

1. Corporation Name

TOP KNOTCH MARINE SERVICES, INC.

Principal Place of Business 200 SW MONTEREY ROAD

Mailing Address

200 SW MONTEREY ROAD

## **FILED** Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90051 032 \*\*\*150.00



STUART FL 349	94	STUART FL 34994		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	_	•
					09/19/1997		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26 Top Knotch	Marina	Servi	de 65-0783982	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.  27 716 OCean  City & State  Zip  Zip	^		5. Certificate of Status Desired	¥	Additional
22	· •	27 716 OLEAN	Nunes	Cir	3. Certificate of Guarda Booked	Fee R	equired
City & State	)	City & State	1		6. Election Campaign Financing	7	May Be
23		28 Jupiter	FL,		Trust Fund Contribution		to Fees
Zip '	Country	Zip			8. This corporation owes the current ye		-A.
24	25	29 3347/ 30	U5F	ન.	Personal Property Tax.	∐ Yes	No
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Regis	tered Agent	
·			81 Na	ame	•		
,	OLD-GLASSER, MARK		82 St	reet Addre	ss (P.O. Box Number is Not Acceptable)	-	
155 YACHT CLUB DRIVE #401							
NOR	TH PALM BEACH FL 33408		83	_			
		•	24 0			85 Zip	Code
			<b>84</b> Ci	.ty		FL [ ]	Occ
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-na	med corpo	eration submits this statement for the purpo	ose of changing it:	s registered
office or re	egistered agent, or both, in the State of n familiar with, and accept the obligation	Fiorida, Such change was auto	onzea ov ine	corporation	n's board of directors: I hereby accept the	appointment as re	egistered
SIGNATURE		41077			D. C.	ATE	<del></del>
	Signature, typed or printed name of registered agent a OFFICERS AND	<del></del>	gistered Agent sign		which to housing,		ORS IN 12
12.		DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE Pres. ARNO Id - G. Mark ARNO Id - G. Mark ARNO Id - G. July ARNO Id - G. Mark ARNO Id - G. Ma	/_ Fichange	Addition
IIITE ;	D		1.2 NAME	6	nors ARNOID	1955ē~ `	_
NAME :	ARNOLD-GLASSER, MARK		, . <u></u>	~	11 Draga AMMes	C/r	
STREET ADDRESS	155 YACHT CLUB DRIVE #401	:	1.3 STREET ADD	RESS /	# 1 to # D/L 23	0657	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	- Charlette	1.4 CITY-ST-ZIP		galpier vo 3.	[Clehange	Addition
TITLÉ	D	☐ DELETE	2.1 TITLE	S	ectray No Noid - Glas	5.5 C V	
NAME	ARNOLD-GLASSER, NANCY		2.2 NAME	N	ancy Anno	7	
STREET ADDRESS	155 YACHT CLUB DRIVE #401	يرسيسية ما م	2.3 STREET ADD	RESS 71	16 ocean Dones	ー・・ こと・フラート	_
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		2.4 CITY-ST-ZIF	,	Jupiter FL 3	34//	Addition
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NAME		•	3.2 NAME	-			
STREET ADDRESS			3.3 STREET ADD	RESS			
CITY-ST-ZIP	_		3.4. CITY-ST-ZIP	>			
TITLE ,		☐ DELETE	4.1 TITLE		,	Change	☐ Addition
NAME	•	,	4. 2 NAME				
STREET ADDRESS		,	4.3 STREET ADD	RESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	.			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADD	RESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	, [			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME ,			6.2 NAME				
			6.3 STREET ADD	RESS			
STREET ADDRESS			6.4 CiTY-ST-ZIP				
CITY-ST-ZIP			0.4 GH T-31-ZP				

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.