

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

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98 APR 27 AM 6:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000087796
1. Corporation Name

MARINE EXPRESS LUBE & SERVICES, INC.

Principal Place of Business: 3470 Coral Springs Drive
Coral Springs, FL 33065
Mailing Address: 3470 Coral Springs Drive
Coral Springs, FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/10/97

2. Principal Place of Business 21 Suite Apt. #, etc 22 City & State 23 Zip 24 Country	25. Mailing Address 26 Suite Apt. #, etc 27 City & State 28 Zip 29 Country	4. FEI Number 65-0805080 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$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
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9. Name and Address of Current Registered Agent

Richard P. Greene
2455 E. Sunrise Boulevard, Ste. 905
Fort Lauderdale, FL 33304

10. Name and Address of New Registered Agent

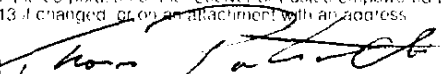
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Thomas Portuallo	1.2 NAME	
STREET ADDRESS	3470 Coral Springs Drive	1.3 STREET ADDRESS	900002504129--5
CITY- ST- ZIP	Coral Springs, FL 33065	1.4 CITY- ST- ZIP	-04/28/98--01124--025
TITLE	☐ DELETE	2.1 TITLE	****150.00 ☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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.

SIGNATURE:  THOMAS PORTUALLO 4/23/98 954-753-8193

CR2E034 (10/97)