

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jun 05, 1998 8:00 am
Secretary of State

DOCUMENT # **4970000 90434**
1. Corporation Name
Pont Marine Ent. Inc.

2. Principal Place of Business
**745 Scallop Dr.
Cape Canaveral, FL 32920**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created
10/31/97

21. Principal Place of Business

22. Mailing Address

4. FEI Number

Applied For

59-3502465

Not Applicable

23. City & State

24. City & State

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

25. City & State

26. City & State

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

27. City & State

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Robert S. Tampa
745 Scallop Dr.
Cape Canaveral, FL 32920**

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 607.0503, 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 in accordance with and pursuant to the provisions of Section 607.0505, Florida Statutes.

SIGNATURE **Robert S. Tampa**
Signature (typed or printed name of signing officer or director) and not acceptable

1001. Registered Agent's status required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE **Pres** ☐ DELETE
2. NAME **Robert S. Tampa**
3. STREET ADDRESS **745 Scallop Dr.**
4. CITY-STATE-ZIP **Cape Canaveral, FL 32920**

5. TITLE **Sec/Treas.** ☐ DELETE
6. NAME **Charles M. Mookan**
7. STREET ADDRESS **6008 Turtle Beach Ln**
8. CITY-STATE-ZIP **Cocoa Beach, FL**

9. TITLE ☐ DELETE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

13. TITLE ☐ DELETE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

17. TITLE ☐ DELETE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

21. TITLE ☐ DELETE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP
21. TITLE ☐ Change ☐ Addition
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24. CITY-STATE-ZIP
25. TITLE ☐ Change ☐ Addition
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27. STREET ADDRESS
28. CITY-STATE-ZIP
29. TITLE ☐ Change ☐ Addition
30. NAME
31. STREET ADDRESS
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33. TITLE ☐ Change ☐ Addition
34. NAME
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40. CITY-STATE-ZIP
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79. STREET ADDRESS
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81. TITLE ☐ Change ☐ Addition
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83. STREET ADDRESS
84. CITY-STATE-ZIP
85. TITLE ☐ Change ☐ Addition
86. NAME
87. STREET ADDRESS
88. CITY-STATE-ZIP
89. TITLE ☐ Change ☐ Addition
90. NAME
91. STREET ADDRESS
92. CITY-STATE-ZIP
93. TITLE ☐ Change ☐ Addition
94. NAME
95. STREET ADDRESS
96. CITY-STATE-ZIP
97. TITLE ☐ Change ☐ Addition
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

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-06/09/98--01064--037
*****150.00**

14. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I understand that the information
provided in this annual report and for supplemental and other reports is true and accurate and that my signature shall have the same legal effect as a made under oath. I am an
officer or director of the corporation or the registered agent and I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in
Block 12 or Block 13. I understand and agree with this statement.

SIGNATURE: **Robert S. Tampa** **6/2/98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)