## 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 # P97000100914

1. Corporation Name

D & R MARINE UNLIMITED INC.

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90096 017 \*\*\*150.00



Principal Place of Business Mailing Address							TIMES BINS INNS	
1001 YAMATO ROAD STE. 406 1001 YAMATO ROAD STE.		406						
		BOCA RATON FL 33486			DO NOT WRITE IN 1	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	THOUTAGE		
					12/01/1997			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For	
21	333 S. 230232	26			10-1449267	Not	t Applicable	
		Suite, Apt. #, etc.	etc.		5. Certificate of Status Desired	\$8.75 A		
22		27			5. Certificate of Status Desired	Fee Re	quired	
City & State City.& S		City.& State	State		6. Election Campaign Financing	<u>\$5.00</u>	May Be	
		28			Trust Fund Contribution	Added to	) Fees	
Zip	Country	Zip	Country	y	8. This corporation owes the current year		□No	
24	25		10		Personal Property Tax.  10. Name and Address of New Register			
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Hand and Address of How Hogest			
ROSILLO, ROBERT A				<u> </u>				
	SEA OATS DR. A-1		82	Street A	Address (P.O. Box Number is Not Acceptable)			
JUNO	D BEACH FL 33408		83	3	and the second s			
			-	1 00		85 Zip C	-abo	
			84	City	•	FL 85 Zip C		
agent. I ar SIGNATURE	m familiar with, and accept the obligation of th	ations of, Section 607.0505, Flond	a Statute	S.	oration's board of directors. I hereby accept the a equired when reinstating)  ADDITIONS/CHANGES TO OFFICER	E		
12.	D OFFICERS AI	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO CITICEN	☐ Change	Addition	
TITLE	MUGGEO, DAN		1.2 NAME			- •		
NAME STREET ADDRESS	1001 YAMATO ROAD STE. 40	06	1	ET ADDRESS			ł	
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-					
TITLE	200,11011111111111111111111111111111111	☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME			2.2 NAME		·			
STREET ADDRESS			2.3 STREE	ET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME			3.2 NAME		_			
STREET ADDRESS			3.3 STREE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY-			☐ Change	Addition	
TITLE		☐ DELETE	4.1 TITLE	l				
NAME			4. 2 NAME	ŀ				
STREET ADDRESS				ET ADDRESS	·		1	
CITY-ST-ZIP		☐ DELETE	4.4 CITY- 5.1 TITLE			☐ Change	Addition	
TITLE			5.1 NAME	I				
NAME STREET ADDRESS				ET ADDRESS	,	•	Ì	
CITY-ST-ZIP			5.4 CITY-	I				
TITLE	<u> </u>	☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME				1	

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 application of the empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Daytime Phone #