May 05, 1999 8:00 am Secretary of State

05-05-1999 90222 007 ***150.00

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 # P98000002286

1. Corporation					
C & M MARINE PRODUCTS, INC.					
				# ####################################	JUL Balin (1616 11 616) (1616 6116 616
Principal Place of Business Mailing Address				i idaliaa) (id iasa) idini aanii dayii aaliis aa	ill date tibla tible table alle atte
271 SW 62 TEF	RA	271 SW 62 TERR			
PLANTATION FI		PLANTATION FL 33317			
				DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualifed	
				01/07/1998	1
2. Principal Place of Business 2a. Mailing Address			4. FEI Number 65 - 0803023	Applied For	
21 26 Suite Act # etc				W-0003023	Not Applicable \$8.75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Required	
22 27 City & State City & State			6 Flortion Compoign Financing	\$5.00 May Be	
23 28 28			6. Election Campaign Financing Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25		30	Personal Property Tax.	Mayes □No
	9. Name and Address of Curren			10. Name and Address of New Register	ed Agent
			81 Name		
WINSLOW, MARK J			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
271 SW 62 TERR			OZ! Sileet Au	idless (F.O. Box Number is Not Acceptable)	
PLA	NTATION FL 33317		83		
			01		85 Zip Code
			84 City	F	Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the above-named co	rporation submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au ions of. Section 607.0505. Flor	uthorized by the corpora rida Statutes.	ation's board of directors. I hereby accept the ap-	pointment as registered
SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered agen	and title if appilcable (NOTE:	Registered Agent signature requ		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	MARK I WINGLO	OELETE ل	1.1 TITLE		☐ Change ☐ Addition
NAME	Mark + William		1.2 NAME		
STREET ADDRESS	ESS 27/ SW 62 Terr		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTAT	C 323//	1.4 CITY-ST-ZIP		Change Addition
TITLE	Secretary LTRE ASOF	← □ DELETE	2.1 TITLE		
NAME	PLANTATION FL 32317 Secretary I TRASON Christing Winson 271 SW C2 Torrace		2.2 NAME		
10/2		2.3 STREET ADDRESS			
CITY-ST-ZIP	PIANIAI.ON P		2.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE		Cloudide Cludomon
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		[] beerie	4.1 TITLE		
NAME			4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		Ì
STREET ANDRESS			6.3 STREET ADDRESS		

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

454)792 1645