PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90048 022 ***150.00

DOCUMENT # P9800006743

 Corporation 	n Name							
SPEED N	MARINE OF SOUTH FLORI	DA, INC.						
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Principal Place of Business Mailing Address					1 1201/231 (10 1010) (2111 2011/241)	1) 06 411 40 161 40	II Q D SILI I ZQ II Z	1998 ()() (88)
3295 DOCKSIDE DRIVE 3295 DOCKSIDE DRIVE								ينب ۱۰۰ بيبر
COOPER CITY FL 33026 COOPER CITY FL 33026				DO NOT WRITE IN THIS SPACE		DAOE		
						E IN THIS S	PACE	
					3. Date Incorporated or Qualifed 01/22/1998			
2 Date -11 D	- of Business	2a. Mailing Address			4 -EE! Nimber		Ann	lied For
	lace of Business	26			4. FEI Number 0772	3		Applicable
Suite Ant	Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A	
22	,, o.c.	27			5. Certifcate of Status Desired		Fee Red	
		City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country		8. This corporation owes the curre	nt year Intai		_
24	25 29 3				Personal Property Tax.			□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered A	gent	
AMERILAWYER 81 Name 6 /					egory A. Cluck			
343 ALMERIA AVENUE				Street Addre	ess P.O. Box Number is Not Accepta	ole)		1
CORAL GABLES FL 33134				<u> 3295</u>	DOCKSIDE DR			
00/	, ie a loca 1 2 33 13 1		83	•	~· _*			
			84	City (a	soper Ceta		85 Zip C	
44 5		202 and 607 4500 Florido Statutos	the should			rumose of c		registered
office or r	egistered agent, or both, in the State	e of Fiorida. Such change was aut	norized by th	e corporatio	pration submits this statement for the in's board of directors, hereby accep	the appoint	ment as reg	istered
agent. I a	m familiar with, and accept the oblig	lations of, Section 607.0505/Florid	la Statutes	1	1 94.	21/	22/9	9
SIGNATURE	Signature, typed or printed same of registered as	ent and title if epplicable. (NOTE: R	egistered Agent's	ignature required	when reinstating)	DATE		'
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	GLUCK, GREGORY A		1.2 NAME					
STREET ADDRESS			1.3 STREET ADDRESS				•	
CITY-ST-ZIP	COOPER CITY FL 33026		1.4 CITY-ST-2	UP P				
TITLE	☐ DELETE 2.1 T		2.1 TITLE				☐ Change	Addition
NAME	į:		2.2 NAME					
STREET ADDRESS	s.		2 3 STREET ADDRESS		•	-	~ ~~T	- '
CITY-ST-ZIP			2.4 CITY-ST-	ŽIP			Chana	Addition
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NAME			3.2 NAME		•			
STREET ADDRESS			3.3 STREET A					
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-	ZIP			Change	Addition
TITLE		□ DELETE	4.1 TITLE				[oogo	
NAME			4.2 NAME	DDDCCC				
STREET ADDRESS			4.3 STREET A	1			•	
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-2 5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME	ĺ	• .	•		1
STREET ADDRESS			5.3 STREET A	DDRESS	•			
CITY-ST-ZIP			5.4 CITY-ST-2	i				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET A	DDRESS				

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 charged or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: