

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

1/1/99
KLM

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90038 041 ***150.00

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000007297

1. Corporation Name

PREDATOR MARINE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**4803 N.W. 26TH TERRACE
TAMARAC FL 33309**

Mailing Address

**4803 N.W. 26TH TERRACE
TAMARAC FL 33309**

2. Principal Place of Business

21 1941 N.W. 32ND ST.
Suite, Apt. #, etc.

2a. Mailing Address

26 1941 N.W. 32ND ST.
Suite, Apt. #, etc.

City & State

23 FORT LAUDERDALE BEACH, FL

City & State

28 FORT LAUDERDALE BEACH, FL

Zip

24 33064 Country **25 BROWARD**

Zip

29 33064 Country **30 BROWARD**

3. Date Incorporated or Qualified

01/22/1998

4. FEI Number

65-0823392

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**LEVINE & SEGAL, P.A.
4300 NORTH UNIVERSITY DRIVE
SUITE A-106
FORT LAUDERDALE FL 33351**

10. Name and Address of New Registered Agent

81 Name
WILLIAM J. COFFMAN
82 Street Address (P.O. Box Number is Not Acceptable)
4803 NW 26TH TERRACE
83
84 City
TAMARAC **FL** **85 Zip Code**
33309

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

William J. Coffman

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

3/31/99

DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | WILLIAM J. COFFMAN |
| 1.3 STREET ADDRESS | 4803 NW 26TH TERRACE |
| 1.4 CITY-ST-ZIP | TAMARAC, FL 33309 |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | ALICE P. COFFMAN |
| 2.3 STREET ADDRESS | 4803 NW 26TH TERRACE |
| 2.4 CITY-ST-ZIP | TAMARAC, FL 33309 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | JOHN BAILEY |
| 3.3 STREET ADDRESS | 4448 BOUGANVILLEA DRIVE, #1 |
| 3.4 CITY-ST-ZIP | F.T. LAUDERDALE, FL 33308-3613 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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, with all other like empowered.

SIGNATURE:

William J. Coffman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

DATE

(954) 977-9688

Daytime Phone #

CR2E034 (11/98)