**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90224 009 \*\*\*158.75

DOCUMENT # P98000046280 1. Corporation Name RIPTIDE MARINE, INC.

Principal Place of Business Mailing Address 803 EIGHTH TERRACE 803 EIGHTH TERRACE PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 DO NOT WRITE IN THIS SPACE 3. Date Ir corporated or Qualifed 05/20/1998 FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Recuired 22 27 City & State 6. Election Campaign Financing City & State \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Zip Country 1 Countr Zip 8. This corporation owes the current year intangitie 25 30 Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9. Name and Add ess of Current Registered Agent 81 COLTON, SCOTT M ESQUIRE 82 631 U.S. HIGHWAY ONE SUITE 410 83 NORTH PALM BEACH FL 33408 City Palm 84 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statu es, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

SIGNATURE (NOTI :: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Addition DELETE 1.1 TITLE ☐ Change TITLE NAME OGDEN, WILLIAM H III 12 NAME STREET ADDRESS **803 EIGHTH TERRACE** 1.3 STREET ADDRESS PALM BEACH GARDENS FL 33418 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE TITLE 2.1 TITLE OGDEN, SANDRA J 2.2 NAME NAME STREET ADDRESS **803 EIGHTH TERRACE** 2.3 STREET ADDRESS PALM BEACH GARDENS FL 33418 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition ☐ DELETE Change 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 cartify 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 Chapte 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with a liother like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)