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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ~ANNUAL REPORT Secretary of State 1999 99 NOV 22 AM IO: 149 DOCUMENT #P98000046901 1. Corporation Name TALLATIA SECT A FLORIDA MARINES POOL SERVICE, INC. Principal Place of Business Mailing Address 2629 NW 98TH WAY CORAL SPRINGS, FL 33065 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 5/26/98 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0837856 Not Applicable 21 26 Sute Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 127 City & Stare City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country Country 8. This corporation owes the current year Intangible Personal Property Tax. 25 30 Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LUIS BURGOS Street Address (P.O. Box Number is Not Acceptable) 2629 NW 98TH WAY CORAL SPRINGS, FL 33065 83 84 City 85 Zip Code FL 11. Pursuant to the provisidis 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. I am familiar with, and adopt the obligations of, Section 607.0505, Florida Statutes. lais registered agent and title if applical stered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Change ☐ Addition 7,715 t 1 TITLE DIRECTOR NAME. 1.2 NAME CR2E034 STHEFT ADDRESS LUIS BURGOS 1.3 STREET ADDRESS 2629 NW 98TH WAY C.SPRINGS OTY ST-2P 14 CITY-ST-ZIP ☐ Addition DELETE Change FL 33065 NAME 22 NAME STREET ACCRESS 2.1 STREET ADDRESS CITY-31-2'9 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 11 TITLE DIRECTOR MAME 32 NAME CEGARRA ERNESTO 3.3 STREET ADDRESS 2629 NW 98TH WY CORAL SPRINGS, FL 33065 CI DELETE 34 CITY-ST-ZIP 4.1 TITLE Change Addition NAME 4.2 NAME 43 STREET ADORESS STREET ADDRESS OTTAST-ZP 4.4 CITY-ST-ZIP DELETE Change Add-t.an 51 TITLE TIPLE √an€ SZNAME 5.3 STREET ACCRESS STREETADORES 54 CITY-ST-ZIP CITY STIZE 6 1 TITLE Addition DELETE Change TILE 52 NAME MAME 63 STREET ADDRESS STREET ADDRESS 64 CITY- 5T-23P 14. I have, certify that the information supplied with this fining does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certificated on this annual report of supplierental annual report is true and accurate and that my signature shall have the same legal effect as if made under officer or director of the corporation for the repeiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my Block 12 or Block 13 if changed of or an attachment with an address, with all other like empowered. Luis BURGOS SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARINES POOL SERVICE, INC

2629 NW 98TH WAY CORAL SPRINGS, FLORIDA 33065

Phone 305-591-9448 Fax 305-591-4258

November 5th, 1999

Division of Corporations Annual Report Section P.O. Box 6327 Tallahasse, FL 32314

REF: MARINES POOL SERVICES, INC. EIN#:65-0837856

Dear Tyrone:

According to our conversation the above mentioned corporation's annual report was filed with the enclosed letter and check. I never hear anything from them and the check was cash on July 26, 1999.

Therefore, we are requesting that the deliquent fees be waived.

Your cooperation is appreciated.

Please advise.

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Luis Burgos, LB/re

Sincerely,