## PROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000048265

NAUTICAL LOGISTICS, INC.							i Bālija pradrijālijā (IŠCB	401 E1 4111 16 EL	
	:								
Principal Place of Business Mailing Address						1 1901/000 (19 1918) (Birl Gelle Gest Gert		B(151 641 1951	
C/O ACCOUNTING & BUSINESS CONSULTANTS. INC 17 ROSE DRIVE FORT LAUDERDALE FL 33316  C/O ACCOUNTING & BUSINESS CO 17 ROSE DRIVE FORT LAUDERDALE FL 33316				nsultants.	. INC	DO NOT WRITE IN THIS SPACE			_
TOTAL CHOOSE					- 1	3. Date Incorporated or Qualifed			]
						_05/29/1998			]
2. Principal Place of Business						4. FEI Number 65-6839219	No	plied For t Applicable	1
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75.Additional		
City & State City & State						6. Election Campaign Financing	\$5.00	May Be	1 1
23 Hollywood FL 28						Trust Fund Contribution	Added t	o Fees	] (
Zíp	Country	Zip	Cou	ntry	1	8. This corporation owes the current ye		_	ł '
24 33020 25 USA 29 3						Personal Property Tax.			∤ .
	9. Name and Address of Current	Registered Agent		64 N	1	0. Name and Address of New Regist	ered Agent		┨.
81 Name					Alar	n Beckman	•		] ;
BECKMAN, ALAN				82 Street /	Address	(P.O. Box Number is Not Acceptable) Roosevelt Street			] !
2206 ROOSEVELT STREET FORT LAUDERDALE FL 33316					2200	Roosevelt Street			-
FUR	I LAUDENDALE PL 33316			83					
				84 City			FL 85 Zp 3	3020	1.
					Ho J.	Lywood	FL 3.	motietered	- }
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607,1508, Florida Statuti f Florida, Such change was a	es, the al uthorized	by the corpo	corpora oration's	ion submits this statement for the purpo board of directors. I hereby accept the	appointment as re	gistered	1
agent, 1 a	im fapilitar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Stati	ites.		/	u la laa		] :
SIGNATURE	Signature, typed or printed name of registered egent in	and title if anytimble (MOTE	· Racialanad	Agent signature ra	acuired who	n reinstation) DA	1011	<del></del>	ے ا
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12	CR2E034 (11/98)
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NAME	BECKMAN, ALAN			1.2 NAME					8
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NAME			62 NA						
STREET ADDRESS				6.3 STREET ADDRESS					١.
CITY-ST-78P			6.4 CIT	Y-5T-Z#P (					Ι.

14. I heraby 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 tike empowered.

SIGNATURE

AXCHALDE REQUIRED

1 4/8/99 (954)791-380

Daytime Phone # 6-11- 75

Apr 14, 1999 8:00 am Secretary of State

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