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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000064981**1. Corporation Name

MARITIME TECHNICAL SERVICES, INC.

| Prin  | cipa | II Plac | eore  | ousi | 11622 |  |
|-------|------|---------|-------|------|-------|--|
| 4031  | NE   | 25TH    | AVEN  | IJΕ  |       |  |
| LIGHT | THO  | USE !   | POINT | FL   | 33064 |  |

Mailing Address

## FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90187 012 \*\*\*150.00



| 1031 NE 25TH AVENUE<br>LIGHTHOUSE POINT FL 33064 |                             | 4031 NE 25TH AVENUE<br>LIGHTHOUSE POINT FL 33064 |             |   |      | DO NOT WRITE IN THIS SPACE   |                                   |  |
|--|-----------------------------|--|-------------|---|------|--|-----------------------------------|--|
|  |                             |  |             |   |      | 3. Date Incorporated or Qualifed 07/23/1998                            |                                   |  |
| 2. Principa                                      | al Place of Business        | 2a. Mailing A                                    | Address     |   |      | 4. FEI Number  | Applied For                       |  |
| :1   |                             | 26   |             |   |      | 65-0914033   | Not Applicable                    |  |
| Suite, A   | Apt. #, etc.                | Suite, Ap  | ot. #, etc. |   |      | 5. Certificate of Status Desired                                       | \$8.75 Additional<br>Fee Required |  |
| City & S   | State                       | City & S   | tate        |   |      | 6. Election Campaign Financing Trust Fund Contribution                 | \$5.00 May Be<br>Added to Fees    |  |
| Zip  | Country [25]                | Zíp<br>29  | Cou<br>30   | ntry  |      | This corporation owes the current year Intanger Personal Property Tax. | gible<br>] Yes <b>X</b> No        |  |
|  | 9. Name and Address of Curr | rent Registered Age                              | ent         |   |      | 10. Name and Address of New Registered Ag                              | ent                               |  |
| F  | EDORATION, THOMAS A         |  |             | 81  | Name |  |                                   |  |
| 4031 NE 25TH AVENUE                              |                             |  |             | 82 Street Address (P.O. Box Number is Not Acceptable) |      |  |                                   |  |
| LIGHTHOUSE POINT FL 33064                        |                             |  | <u> </u>    |   |      |  |                                   |  |
|  |                             |  |             | 84  | City | FL   | 85 Zip Code                       |  |
|  |                             |  |             |   |      |  |                                   |  |

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      | Signature, typed or printed name of registered agent and title if applicable. (( | NOTE: Registered Agent signature r | poured when reinstation) DATE  | _        |
|----------------|--|------------------------------------|--|----------|
| 12.            | OFFICERS AND DIRECTORS   | 13.                                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN                                 | l 12     |
| TITLE          | D DELETI   |                                    |  | Addition |
| NAME           | FEDORATION, THOMAS A   | 1.2 NAME                           |  |          |
| STREET ADDRESS | 4031 NE 25TH AVENUE  | 1.3 STREET ADDRESS                 |  |          |
| CITY-ST-ZiP    | LIGHTHOUSE POINT FL 33064  | 14 CITY-ST-ZIP                     |  |          |
| TITLE          | ☐ DELETI   | E 2.1 TIπLE                        | ☐ Change ☐ /   | Addition |
| NAME           | •  | 2.2 NAME                           |  |          |
| STREET ADDRESS | •  | 2.3 STREET ADDRESS                 |  |          |
| CITY-ST-ZIP    | ·  | 2. 4 CITY-ST-ZIP                   |  | _        |
| TITLE          | ☐ DELÉTI   | E 3.1 TITLE                        | ☐ Change ☐ /   | Addition |
| NAME -         |  | 3.2 NAME                           |  |          |
| STREET ADDRESS |  | 3.3 STREET ADDRESS                 |  |          |
| CITY-ST-ZIP    |  | 3.4. CITY-ST-ZIP                   |  |          |
| TITLE          | ☐ DELETI   | E 4.1 TITLE                        | ☐ Change ☐ /   | Addition |
| NAME           |  | 4. 2 NAME                          | ·  |          |
| STREET ADDRESS |  | 4.3 STREET ADDRESS                 |  |          |
| CITY-ST-ZIP    |  | 4.4 CITY-ST-ZIP                    |  |          |
| TITLE          | ☐ DELET  | E 5.1 TITLE                        | ☐ Change ☐   | Addition |
| NAME           |  | 5.2 NAME                           |  |          |
| STREET ADDRESS |  | 5.3 STREET ADDRESS                 |  |          |
| CITY-ST-ZIP    |  | 5.4 CITY-ST-ZIP                    |  |          |
| TITLE          | DELETT   |                                    | ☐ Change ☐ i   | Addition |
| NAME           |  | 6.2 NAME                           |  |          |
| STREET ADDRESS | •  | 6.3 STREET ADDRESS                 |  |          |
| CITY-ST-ZIP    |  | 6.4 CITY-ST-ZIP                    | in Section 119 07/3Vi) Florida Statutes I further certify that the information |          |

I hereby certify that the information supplied with first fling does not qualify for the exemption stated in Section 1.13.07(3)(f), I folia of states. I failed could not first from 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: