


FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90037 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harrington Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000068514

1. Corporation Name

KNOT JUST MARITIME SERVICES, INC.

Principal Place of Business

2333 KNOLL AVE. N.
Palm Beach FL 34683

Mailing Address

2333 KNOLL AVE. N.
Palm Beach FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1998

4. FEI Number

59-3526590

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. 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

2. Principal Place of Business

21 2333 Knoll Aven

2a. Mailing Address

26 2333 Knoll Aven

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PALM Harbor

City & State

28 PALM HARBOR

Zip

24 34683

Zip

29 34683

Country

30 USA

9. Name and Address of Current Registered Agent

LEINER, CAROL A
2333 KNOLL AVE. N.
PALM BCH FL 34683

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	CAROL A. LEINER	
STREET ADDRESS	2333 KNOLL AVENUE	
CITY-ST-ZIP	PALM HARBOR FL 34683	

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	✓ ARLEN M LEINER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	2333 KNOLL AVENUE	
1.3 STREET ADDRESS	PALM HARBOR FL 34683	
1.4 CITY-ST-ZIP		

2.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ANGELA L LEINER	
2.3 STREET ADDRESS	2333 KNOLL AVENUE	
2.4 CITY-ST-ZIP	PALM HARBOR FL 34683	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

Date

727 785 9910

Daytime Phone #

CR2E034 (11/98)