Jul 21, 1999 8:00 am Secretary of State

07-21-1999 90009 048 ***558.75

PROFIT CORPORATION ANNUAL REPORT

1999



SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # Corporation Name	P9800008111	0

MARINE ENVIRONMENT FUNDING, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

521 MIDDLE RIVER DRIVE FORT LAUDERDALE FL 33304

521 MIDDLE RIVER DRIVE FORT LAUDERDALE FL 33304

392842 - 90009 - 48

DO NOT WRITE IN THIS	SPACE

3. Date Incorporated or Qualified

	09/18/1998			
Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For			
521 MIDDLE RIVER DR 26 521 MIDDLE	RIVER DR 65-0869869 Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.	\$8.75 Additional			
27 /	Fee Required_			
City & State	6. Election Campaign Financing \$5.00 May Be			
23 FT. LAUDERDA1E , FL 28 FT. LAUDERD	DALE, FL Trust Fund Contribution Added to Fees			
Zip Country Zip Country 8 This comporation owes the current year				
24 33304 25 USA 29 33304 30	VSA Intangible Personal Property. Yes VNo			
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent			
	81 Name			
IANNACCONE, JAMES T	82 Street Address (P.O. Box Number is Not Acceptable)			
CUMBERLAND BUILDING - SUITE 510	Street Address (F.O. Box Natificer is Not Acceptable)			
800 EAST BROWARD BOULEVARD	83			
FORT LAUDERDALÉ FL 33301	OF 7% Code			
	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 Suchrohange was authorized	zed by the corporation's board of directors. I hereby accept the appointment as registered statutes.			
	tatules.			
SIGNATURE Signature, typed or printed name of registered eigent and title if applicable. (NOTE: Reg	gistered Agent signature required when reinstating) DATE			
	3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
	3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE Change Addition STREET ADDRESS 4 CITY-ST-ZIP			
NAME SOLMINDE RIVER DR 12	2 NAME			
SZI MIIDDZE KILK PK	3 STREET ADDRESS			
FILLYOUR FILLYOUR DILL DILL I SARAK	OTHER ADDRESS			
CHY-SI-ZIP				
JACA CANINAY				
CO. MINNER DR	2 NAME			
STREET ADDRESS SWIND TO A A A F EL 333 4	3 STREET ADDRESS			
GIT	4 CITY-ST-ZIP			
TITLE L_ DELETE 3.1	1 TITLE Change Addition			
19/39C	2 NAME			
STREET ADDRESS 3.3	3 STREET ADDRESS			
STITUTE:	4 CITY-ST-ZIP			
TITLE DELETE 4.1	1 TITLE			
NAME 4.2	2 NAME			
STREET ADDRESS 4.3	3 STREET ADDRESS			
CITY-ST-ZIP 4.4	4 CITY-ST-ZIP			
TITLE DELETE 5.1	1 TITLE Change Addition			
NAME 5.2	2 NAME			
STREET ADDRESS 5.3	3 STREET ADDRESS			
CITY-ST-ZIP 5.4	4 CITY-ST-ZIP			
	1 TITLE Change Addition			
	2 NAME			
1	3 STREET ADDRESS			
STACE / OBJECTO	4 CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filling does not qualify for the exe	emotion 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 it made under oath; that it 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.				