## 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 # P98000093397

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90138 033 \*\*\*158.75

AMERITECH MARINE, INC.				111
Principal Place of Business	Mailing Address		I STAIN DE LIN NOTAT FULL MARIN DE LIN DE LIN DE	Bill fårdå midd ttorn færn fallt nagr
5320 NORTHWEST 85TH AVENUE LAUDERHILL FL 33351	5320 NORTHWEST 85TH AVEI LAUDERHILL FL 33351	NUE	DO NOT WRITE IN T	HIS SPACE
			3. Date Incorporated or Qualifed 11/(4/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 65 - 0873619	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	Zip	Country	Trust Fund Contribution  8. This corporation owes the current yea	Added o Fees
24	29 30	-1 ·	Personal Property Tax.	Yes No
9. Name and Address of Curro		<u></u>	10. Name and Address of New Register	red Agent
AMERILAWYER			DHENDRA . S. GAU	TAM
343 ALMERIA AVENUE		82 Street Addre	ess (P.O. Bcx Number is Not Acceptable)	COURT
CORAL GABLES FL 33134			-454	
		84 City	MAMI	*L 85 Zip Code
11. Pursuant to the provisions of Sections 607.0	50 2 and 607.1508, Florida Statutes,	, the above-named corporation	oration submits this statement for the purpos	e of changing its registered
office or registered agent, or both, in the State agent I am familiar with, and accept the oblig	gations of Section 607.0505, Florida	a Statutes.	ing duals of directors. Thereby accept wie al	Spontanione as required
SIGNATURE Signature, typed or printer in time of regulerered a	ger t and title if applicable. (NO E: Re	egistered Agent signature recuired	1 when reinstating DAT	
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE PSTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME SINGH, JEAN E		12 NAME		;
STREET ADDRESS 5320 NORTHWEST 85TH AVE	NUE	1.3 STREET ADDRESS		
CITY-ST-ZIP LAUDERHILL FL 33351	DELETE	1.4 CITY-ST-ZIP		Change Addition
NAME	E3 DECENE	2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	[ Dereic	4.1 TITLE 4.2 NAME		
NAME STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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:

MG// F SIGNING OFFICE OR DIRECTOR SIGNATURE AND TYPED OF PRINTED NA

954 741 0900