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 # P98000107643

INTERSTATE MARINE TRUCKING, INC.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90092 012 ***150.00



		-					
Principal Place of Business	ncipal Place of Business Mailing Address				90444 HBH BBH 40	914 41111 BIS	29 ()() 31)
3101 ravenswood RD., STE. 130A Dania FL 33312				DO NOT WRIT	E IN THIS SP/	ACE	
				3. Date Incorporated or Qualifed			
				12/28/1998			
2. Principal Place of Business 2a. Mailing Address			(d cor	4. FEI Number	10		lied For
21 3560 NWS51 5	1 26 3560 NU	N 22	rd ST	65-08952			Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		8.75 Ac Fee Req	uired
23 F(- L) . FL	City & State 28 FT. CD	FI		Election Campaign Financing Trust Fund Contribution		\$5.00 M Added to	
24 33309 25 USA	29 3330 S 3	Country 0 U	SA	This corporation owes the curre Personal Property Tax.		Yes [□No
9. Name and Address of C	urrent Registered Agent		Now-	10. Name and Address of New R	egistered Age	nt	
DOLITO DALE I		81	Name				ļ
POLITO, PAUL J 3101 RAVENSWOOD RD., STE. 130A			<u>}</u>	ress (P.O. Box Number is Not Acceptal	16)		
DANIA FL 33312		83					
	•	84	City		. 8	5 Zip Co	ode
	·				<u> </u>		
Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the	State of Florida, Such change was autional collegations of, Section 607,0505, Florid	horized by	the corporati	poration submits this statement for the points board of directors. I hereby accept	the appointme	nging its regi	egistered istered
SIGNATURE Signature, typed or printed name of register	and grant and little if applicable (NOTE: P.	anistered Age	nt signature require	ed when reinstating)	DATE		 (
	RS AND DIRECTORS	13.	nt aignosara radant	ADDITIONS/CHANGES TO OFF		RECTOR	RS IN 12
TITLE DPS	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME POLITO, PAUL J		1.2 NAME					
STREET ADDRESS 3101 RAVENSWOOD RD.,	STE. 130A	1.3 STREE	T ADDRESS				
CITY-ST-ZIP DANIA FL 33312		1.4 CITY-S	ST-ZIP		•		
TITLE PrelicenT	☐ DELETE	2.1 TITLE		۷.		Change	Addition
NAME JIM MUTTA	✓	2.2 NAME		•			
T = 1	her	2.3 STREE	T ADDRESS	`			
CITY-ST-ZIP CORAL SPI	WSS . El 33071	2. 4 CITY-					
TITLE	DELETE	3.1 TITLE			· .	Change	Addition
NAME }	5	3.2 NAME					
STREET ADDRESS	•	3.3 STREE	T ADDRESS				ĺ
CITY-ST-ZIP		3.4. CITY-			•		
TITLE	☐ DELETÉ	4.1 TITLE] Change	☐ Addition
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREE	T ADDRESS				1
CITY-ST-ZIP		4.4 CITY-S					
TITLE :	☐ DELETE	5.1 TITLE				Change	Addition
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREE	TADDRESS				
CITY-ST-ZIP		5.4 CITY-S	ST-ZIP				Ì
TITLE	☐ DELETE	6.1 TITLE] Change	Addition
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREE	TADORESS				}
CITY-ST-7IP		6.4 CITY-S					
1.41.1-51-7.IF L			- "				

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 sceiver 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:

Daytime Phone #