

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S23158**

(6)

1. Corporation Name

SPARTA MARINE INSULATION, INC.



Principal Place of Business

P.O. 22146
FT. LAUDERDALE FL 33335

Mailing Address

P.O. 22146
FT. LAUDERDALE FL 33335

2. Principal Place of Business

2a. Mailing Address

21

State Apt. #, etc.

26

State Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/07/1991

3a. Date of Last Report
03/22/1995

4. FEI Number
65-0235696

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**BRYANT, ROBERT
2816 S.W. 3RD AVE.
FT. LAUDERDALE FL**

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 607.07(2) and 607.15(6), 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 607.07(5), Florida Statutes.

SIGNATURE

(Signature of Corporation or its authorized officer or director)

(Signature of New Agent, if applicable, and date of filing)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	BRYANT, ROBERT	
STREET ADDRESS	3901 SW 132 AV, BOX 45	
CITY, STATE, ZIP	MIRAMAR FL	
TITLE	D	☐ DELETE
NAME	COLLIER, JAMES	
STREET ADDRESS	1885 E. ROAD	
CITY, STATE, ZIP	LOXAHATCHEE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, STATE, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, STATE, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, STATE, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, STATE, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, STATE, ZIP	

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 sole owner 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 in an addition with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

DATE

X

DATE OF FILING

CR2E034 (12/95)