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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

| DO | CU | MEN ⁻ | Γ# | S263 | 49 |
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| | | | | | т. |

1. Corporation Name

MARITIME INDUSTRIES, INC.

| Principal Place of Business | | Mailing Address | | | | . 1511 61811 618 |)) | 1811 61911 1881 | | |
|---|--|--|------------------------|---------------|----------------------------|---|--------------|-------------------------------|-------------------------|-----|
| 1200 SW 19TH ST. FT. LAUDERDALE FL 33315 US | | % ACCOUNTING & BUSINESS CONSULTANTS INC 790 E BROWARD BLVD #302 | | | 1 | | | | | |
| | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| | | FI LAUDENDALE PL 33301 | FT LAUDERDALE FL 33301 | | | 3. Date Incorporated or Qualifed | | | | |
| | | | | | | 01/22/1991 | • | | | |
| 2. Principal Place of Business | | 2a. Mailing Address C/o Accounting & Business Consultants | | 4. FEI Number | | | plied For | | | |
| 21 | | | fits | | | 65-0238803 | | | t Applicable | |
| Suite; Apt.: | #, etc | Suite Apt # etc 27 17 Rose Dri | 370 | | ·· | 5. Certifcate of Status Desired | <u> </u> | - აგა: / ວ / Fee Re | Additional≔— equired | _= |
| City 9 State | | City & State | | | | 6. Election Campaign Financing | | \$5.00 | | |
| City & State | • | 28 Ft. Lauderd | lale | F | 'L | Trust Fund Contribution | | Added t | , , | |
| 23 | Country | Zip | Coun | | | 8. This corporation owes the curre | nt year Inta | ngible | | |
| 24 | 25 | 29 33316 3 | o U | ISA | . | Personal Property Tax. | | | □No | |
| | 9. Name and Address of Current | Registered Agent | | | | 10. Name and Address of New Re | egistered A | gent | | |
| 1400 | WED CTEVEN D | | | 81 | Name | | | | | |
| Jacover, Steven B. 1200 SW 19TH St. | | | į. | 82 | Street Addre | ss (P.O. Box Number is Not Acceptat | ole) | | | |
| | AUDERDALE FL 33315 | | - | 83 | | | | | | |
| 110 | ADDENDALE I E 000 IO | | [| 03 | _ | | | | | |
| | | | | 84 | City | | Fi | 85 Zip C | Code | |
| 11 Pursuant f | to the provisions of Sections 607.0502 | and 607.1508. Florida Statutes | , the ab | ove- | named corpo | ration submits this statement for the p | urpose of c | hanging its | registered | |
| office or re | egistered agent, or both, in the State of familiar with, and accept the obligation | it Florida. Such change was auti | horizea | Dy ti | he corporation | n's board of directors. I hereby accept | the appoint | ment as reg | gistered | |
| J | ii lamiliai witii, and accept the obligati | ona or, occaon oo | a otata | | | • | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: R | egistered / | \gent | signature required | | DATE | | | í |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFF | ICERS AND | DIRECTO Change | RS IN 12 Addition | 9 |
| TITLE | D | DELETE | 1.1 TITL | | | | | ☐ Citalige | | |
| NAME | JACOVER, STEVEN B. | | 1.2 NAN | | | | - | | | 9 |
| STREET ADDRESS | 1200 SW 19TH ST. | | L | | ADDRESS | | | | | 1 3 |
| CITY-ST-ZIP TITLE | FT LAUDERDALE FL 33315 | DELETE | 1.4 C/T 2.1 T/T | | -2117 | | - | Change | Addition | ľ |
| NAME | | | 2.2 NA | | | | | | | ĺ |
| STREET ADDRESS | | <u>, </u> | 1 | | ADDRESS | | | | | l |
| CITY-ST-ZIP | | · | 2.4 CIT | Y-ST | -ZIP | | | | | Ī |
| TITLE | | ☐ DELETE | 3.1 TITI | £ | | | | ☐ Change | ☐ Addition | I |
| NAME | | | 3.2 NAM | ME | İ | | | | | |
| STREET ADDRESS | | | 3.3 STF | REET / | ADDRESS | | | | | Į |
| CITY-ST-ZIP | | // her eve | 3.4. CIT | | -ZIP | | | [] Change | Addition | |
| TITLE' | | ☐ DELETE | 4.1 T∏ | | | | | ☐ Change | | |
| NAME | | | 4.2 NA | | ADDRESS | | | | | |
| STREET ADDRESS | | | 4.3 STF | | | | | | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 5.1 TITL | | -615 | | | Change | ☐ Addition | l |
| NAME | | _ | 5.2 NA | | | • | | | | |
| STREET ADDRESS | | • | 5.3 STR | REET | ADDRESS | | | | l | |
| CITY-ST-ZiP | | | 5.4 CIT | Y-ST- | - ZIP | | | | | |
| TITLE | | DELETE | 6.1 TITE | LE | | | | Change | Addition | i |

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP