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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S40889**

1. Corporation Name

J & R MARINE ENTERPRISES INC.

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Principal Place	e of Business	Mailing Address			1 (8311818 (1) 01011 83101 12131 1011		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
13355 SW 16TH COURT P. O. BOX 26-0280									
STE #105 PEMBROKE PINES FL 33026					DO NOT WRITE	IN THIS SDA	ACE.		
PEMBROKE PINES FL 33027 US					Date Incorporated or Qualifed	IN THIS SET	TOL	1	
US					,			Į.	
		On Maritima Addings			03/25/1991 4. FEI Number		I And	plied For	
2. Principal Place of Business 2a. Mailing Address					65-0253365	•	<u> </u>	t Applicable	
21		26			007020000	<u>مستها</u> محمد سیسی	8:75 A		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Certifcate of Status Desired		Fee Re	I .	
22	<u></u>	City & State		<u> </u>	6 Floring Commiss Financias				
City & State		⊢ ·			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip Country		Zip Country			This corporation owes the current	t voor Intonsi		01003	
Zip	٠	— — — — — — — — — — — — — — — — — — —	30	io y	Personal Property Tax.			□No	
24	9. Name and Address of Current	<u> </u>	so j		10. Name and Address of New Re				
	9. Name and Address of Current	r Kadistalan vilant	1	81 Name	TO. TAUTHO WITH PLANTING	g.o.o.o.u.r.g.			
FYDI	ELL, SONYA		[
	55 SW 16TH COURT		Ţ	82 Street Add	ress (P.O. Box Number is Not Acceptable	le)			
	#105		ŀ	83					
	BROKE PINES FL 33027		1	03					
, cm	BHOKE I MED I E GOOL		Ī	84 City		FL	5 Zip C	Code	
	<u>.</u>				poration submits this statement for the pu			istarad	
agent, la	m familiar with, and accept the obligat	tions of Section 607.0505. Florid	da Statu	les.					
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: R	Registered	Agent signature requir		DATE CERS AND C	IRECTO	RS IN 12	
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE: R	Registered a	Agent signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND D			
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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

SIGNATURE:

STREET ADDRESS

CUMUID