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**

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

04-22-1999 90215 015 ***150.00

DOCUMENT	#	S691	09
1. Cornoration Name			

TULAGI MODEL MARINE, INC.

Mailing Address Principal Place of Business 6740 S.W. 25TH STREET 6740 S.W. 25TH STREET MIRAMAR FL 33023 MIRAMAR FL 33023 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 22 City & State City & State 6. Election Campaign Financing 23 28 Country Country Zip 25 30 29 24 9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

-П

\$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible ☐ Yes

Applied For

\$8.75 Additional

Fee Required

Not Applicable

ARCHAMBAULT, GERALD ALCIDE 6740 S.W. 25TH STREET MIRAMAR FL 33023

1		10. Name and Address of New Registered Agent
T	81	Name
ľ	82	Street Address (P.O. Box Number is Not Acceptable)
ļ	83	
l	84	City FL 85 Zip Code

07/24/1991

65-0282957

Trust Fund Contribution

Personal Property Tax.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

agent. ra	an lamilial wan, and accept the obligations of, Section our	.0303, 1 101146	otataics,			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Rec	gistered Agent signature req	eired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	(NOTE: NO	13.	ADDITIONS/CHANGES TO OF		RS IN 12
TITLE	***************************************	DELETE	1.1 TITLE	1.551.10.10.10.11.11.10.20.10.10	. Change	Addition
	_)	1.2 NAME		- ·	_
NAME	ARCHAMBAULT, GERALD A.		i i			
STREET ADDRESS	F		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR FL		1.4 CITY-ST-ZIP			
TITLE	· · ·	DELETE	2.1 TITLE		Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	The state of the s		2.4 CITY-ST-ZIP	1485 T 1 4 4 4 4 4		
TITLE		DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE	. 🗅	DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 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	1		6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY ST ZID			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 attagment with an address with all other like empowered.

SIGNATURE:

CR2E034 (11/98)