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 # V12522

1. Corporation Name

EDIS MADINE SERVICE INC

IED 2 M	ARINE SERVICE, INC.						
Principal Place of Business Mailing Address						I (Malt 9)189) 1/816 1/88; 8(1)9 (1816 (18) 9)6); 8)81(9)8) 9)81(9)81) 9)81)	
800 N.E. 3RD ST 800 N.E. 3RD ST							
BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435			5			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	l
						02/07/1992	
- 51 1 10	C D	2a. Mailing Address			 -	4. FEI Number Applied For	1.1
2. Principal Pl	2a. Walling Address	ing / to stop			65-0348038 Not Applicable		
Suite, Apt. i	# oto		Suite, Apt. #, etc.			\$8.75 Additional	Ì -
_	m, etc.	27				5. Certificate of Status Desired Fee Required	
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be	Ì
23		28				Trust Fund Contribution Added to Fees	1
Zip Country				ountry		8. This corporation owes the current year Intangible	
25		29	30			Personal Property Tax.	1
-	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent	1
				81	Name	·	ļ
	ER, THEODORE G.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
	N.E. 3RD ST.						┨
BOA	NTON BEACH FL 33435			83			
				84	City	85 Zip Code	Ì
						poration submits this statement for the purpose of changing its registered inn's hoard of directors. I hereby accept the appointment as registered	┨
office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obligation of the state of registered age.	ations of, Section 607.0505, Pil	Jilda Stati	utes.		ed when reinstating) DATE DATE	1
12.	OFFICERS AF	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	1
TITLE	DPS □ DELETE		l li	1.1 TITLE		Change Addition	
NAME	MILLER, THEODORE G.			1.2 NAME		•	3
STREET ADDRESS	1 -			1.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL	EACH FL 1.4		1.4 CITY-ST-ZIP		☐ Change ☐ Addition	1 7
TITLE _	T	-				<u></u>	
NAME	MILLER, THEODORE G.			22 NAME			1
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP	DOTATON DENOTITE			2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition	1
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NAME	Fig. 19 A.				T ADDRESS	The second secon	١.
STREET ADDRESS							l
CITY-ST-ZIP				ITLE	ST-ZIP	Change · ☑ Addition	า
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CITY-ST-ZIP		☐ DELETÉ		TILE	/1-AIF	☐ Change ☐ Addition	ī
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CITY-ST-ZIP	å u	☐ DELETE		TTLE		☐ Change ☐ Addition	וי
TITLE	1 .	-	1				- 1

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 ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90023 032 ***150.00

561-737-3013