## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00



FILE	NOW: FILING FEE A	FTER MAY 1ST IS	FILED		
PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS		May 17, 1999 8:00 am Secretary of State 05-17-1999 90071 006 ***150.00	
OCEAN  Principal Plac 2401 N.E. 15TH POMPANO BEA	HARBOR MARINE, INC. e of Business	Mailing Address C/O JAMES O. BIRR. JR. ES 600 N.E. THIRD AVENUE FORT LAUDERDALE FL 3330		DO NOT WRITE IN THIS SPACE	
US		TOTAL CHOOLINGHEE TE WAS	•	3. Date Incorporated or Qualifed	
l				03/20/1992	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied Fo 65-0324320 Not Applie	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required	ai
City & State		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 year intangible	
24	25	29	30	Personal Property Tax. Yes No	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent	
11. Pursuan	NORTHEAST 3RD AVENUE RT LAUDERDALE FL 33304  It to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	a of Fiorida. Such change was all	83  84 City  s, the above-named of thorized by the corpo	The statement for the purpose of changing its register ration's board of directors. I hereby accept the appointment as registered	ered d
SIGNATURE	Signature, typed or printed name of registered ag	ent and title it applicable (NOTE	Registered Agent signature re	quited when reinstating) DATE	-
12		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	PVST	☐ DELETE	1,1 TITLE		Addition
NAME STREET ADDRESS	HUNT, DENNIS G 2401 N.E. 15TH STREET		12 NAME 13 STREET ADDRESS	3100 E. OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33308	
CITY-ST-ZIP	POMPANO BEACH FL 33062	☐ DELETE	2.1 TITLE		Addition
TITLE			2 2 NAME		
NAME	Í		23 STREET ADDRESS		
STREET ADDRES	S		2 4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	31 TITLE	Change A	Addition
NAME			32 NAME		
STREET ADDRES	ss		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TIPLE	Change D	Addition
NAME			4 2 NAME		
STREET ADDRES	ss		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		B 12 12 12 1
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ /	Addition
NAME			52 NAME	1	
STREET ADDRESS			5.3 STREET ADDRESS	, *	

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 suppliemental 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 or an arbetriment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

64 CITY-ST-ZIP

6.3 STREET ADDRESS

6 1 TITLE

SIGNATURE:

CITY-\$T-ZIP

STREET ADDRESS

TITLE NAME

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Addition