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 # **V36321**

1. Corporation Name

HEG MARINE SALES AND MANAGEMENT, INC.

		,						
Principal Place of Business Mailing Address						\$ 10001 012800 JULIO 01100 UTILO UTI	TRIC ELEM ALE	lif filitt dinti iani
1323 S.E. 17TH	STREET	1323 S.E. 17TH STREET						
SUITE 220		SUITE 220				DO NOT WRITE IN THIS SPACE		
FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316						3. Date Incorporated or Qualified		
						05/15/1992		ţ
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
21	dde di Badiilees	26				65-0339291		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	▼ .	5 Additional
22		27				5. Certificate of Status Desired	Fee	Required
City & State)	City & State		-		6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Coul	ntry		8. This corporation owes the current year Int	tangible ☐ Yes	MNo
24	25		30			Personal Property Tax. 10. Name and Address of New Registered		2140
_	9. Name and Address of Current	Registered Agent		81	Name	IV. Italie and Address of New Registered	Age	-
GAR	CIA, HENRY E			•				
	SE 17 STREET			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		1
	E 220			83				
	AUDERDALE FL 33316							
					City	FL	85 Zi	ip Code
SIGNATURE	m familiar with, and accept the obligation of the state of the obligation of the state of the st	and title if applicable. (NOTE: I				d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
TITLE			1.1 TD	1.1 TITLE			Chang	ge 🔲 Addition
NAME	1.1		1.2 NA	ME				
STREET ADDRESS			1.3 ST	REET	ADDRESS			
CITY-ST-ZIP			1.4 CF	Y-ST	-ZiP			
TITLE			2.1 TIT	2.1 TITLE			☐ Chang	ge
NAME	GARCIA, KEITH HENRY		2.2 NA	2.2 NAME				ļ
\$TREET ADDRESS	1020 0.2. 17 111 011.221		2.3 ST	2.3 STREET ADDRESS				}
CITY-ST-ZIP			2.4 C		T-ZIP		Chang	ge Addition
TITLE			3.1 TI				Citati	ge
NAME			_					1
STREET ADDRESS	,				ADDRESS			ļ
CITY-ST-ZIP			3.4. CI 4.1 TT	_	I-ZIP		[Chang	e Addition
TITLE	•	4.2					_ `	_
NAME.	•				ADDRESS			
STREET ADDRESS					1	·		}
CITY-ST-ZIP TITLE	<u> </u>	DELETE	4.4 CITY-S 5.1 TITLE				Chang	ge Addition
NAME			5.2 NA					
STREET ADDRESS			5.3 ST	REET	ADDRESS			į
CITY-ST-ZIP			5.4 CI	TY-ST	r- ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	6.1 TT	ΠE			Chan	ge Addition
NAME			6.2 N	ME	- 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 instee 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

CITY-ST-ZIP

FILED

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90031 044 ***150.00