

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V39190** (6)

1. Corporation Name

C&S MARINE BROKERAGE CO.



Principal Place of Business

**5200 N. FEDERAL HWY
SUITE 2
FORT LAUDERDALE FL 33308**

Mailing Address

**5200 N. FEDERAL HWY
SUITE 2
FORT LAUDERDALE FL 33308**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**SAUMSIEGLE, CHRISTOPHER
4475 POINCIANA STREET
LAUDERDALE BY THE SEA FL 33308**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

05/26/1992

3a. Date of Last Report

06/14/1995

4. FEI Number

65-0391251

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0802 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 607.0905, Florida Statutes.

SIGNATURE

(Signature of person submitting this statement, or agent of the corporation)

(Signature of person accepting appointment as registered agent, or both)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ DELETE
	P SAUMSIEGLE, CHRISTOPHER	5200 N. FEDERAL HWY, SUITE 2	FORT LAUDERDALE FL 33308	
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 its 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 changing, or in an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

3/4/96 205 566-8811

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