

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **341232** (7)
1. Corporation Name
FLORIDA FLOATS INC



Principal Place of Business: **1813 DENNIS ST. JACKSONVILLE FL 32204 US**
Mailing Address: **BELLINGHAM MARINE P.O. BOX 8 BELLINGHAM WA 98227 US**

3. Date Incorporated or Qualified: **02/07/1969**
3a. Date of Last Report: **03/17/1995**
4. FEI Number: **59-1230548**
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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.

SIGNATURE _____ DATE _____
Signature and typed or printed name of registered agent, if other than principal place of business (21) (25) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENMAN, PHILLIP A	1.2 NAME	
STREET ADDRESS	1205 INDUSTRIAL PLACE	1.3 STREET ADDRESS	
CITY- ST- ZIP	DIXON CA 95620	1.4 CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MITCHELL J	2.2 NAME	
STREET ADDRESS	1001 'C' ST,	2.3 STREET ADDRESS	
CITY- ST- ZIP	BELLINGHAM WA 98225	2.4 CITY- ST- ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, GEORGE	3.2 NAME	
STREET ADDRESS	STE. #1718 MARINE DR.	3.3 STREET ADDRESS	
CITY- ST- ZIP	WEST VANCOUVER, CANADA BC V741J-3	3.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISHIDA, KITAO	4.2 NAME	
STREET ADDRESS	450 A ST. STE. #505	4.3 STREET ADDRESS	
CITY- ST- ZIP	SAN DIEGO CA 92101	4.4 CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALGREN, LARRY R	5.2 NAME	
STREET ADDRESS	1001 'C' ST,	5.3 STREET ADDRESS	
CITY- ST- ZIP	BELLINGHAM WA 98225	5.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARION, ROGER	6.2 NAME	
STREET ADDRESS	343 POPLAR AVE. QUALICUM BEACH	6.3 STREET ADDRESS	
CITY- ST- ZIP	VANCOUVER ISLAND, CANADA BC V9K1J-7	6.4 CITY- ST- ZIP	

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0617-96 OK

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)(b), 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.

SIGNATURE: *Sandra M. Bellin* Assist. Secretary 52996 360 676-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)