


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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90050 011 ***150.00

02-59070

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 353522

1. Corporation Name
MERIDIAN MARINE CORPORATION

| | |
|--|---|
| Principal Place of Business 20161 NE 16TH PLACE #2 REAR N MIAMI FL 33179-2720 US | Mailing Address 20161 NE 16TH PLACE #2 REAR N MIAMI FL 33179 US |
|--|---|



DO NOT WRITE IN THIS SPACE

| | | | | |
|--------------------------------|-------------------------|---|------------------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 10/08/1969 | 4. FEI Number 59-1274710 | Applied For <input type="checkbox"/> Not Applicable |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 23. City & State | 28. City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 24. Zip | 25. Country | 29. Zip | 30. Country | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|---|--|--|-----------------|
| 9. Name and Address of Current Registered Agent BLANKE, HERMAN H. 1075 NE 204 TERRACE N MIAMI 33179 | | 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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLANKE, HERMAN H. | 1.2 NAME | |
| STREET ADDRESS | 1075 NE 204 TERRACE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | N MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | STDV <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLANKE, NANCY L. | 2.2 NAME | |
| STREET ADDRESS | 1075 NE 204TH TERR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NO. MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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)(l), 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. Form an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED **3/26/99** 305-654-9600
 Date Daytime Phone #

CR2E034 (1-1/98)