

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F36072 (9)
1. Corporation Name

ANCLOTE MARINE SUPPLY, INC.



Principal Place of Business: **950 ROOSEVELT BLVD
TARPON SPRINGS FL 34689-3110**
Mailing Address: **950 ROOSEVELT BLVD
TARPON SPRINGS FL 34689-3110**

3. Date Incorporated or Qualified: **05/26/1981**
3a. Date of Last Report: **07/05/1995**
4. FEI Number: **59-2095700**
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

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

9. Name and Address of Current Registered Agent
**SCHUSTER, DONNA M.
1627 E GROVEHILL RD
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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: _____ (Type or print name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when he is signing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHUSTER, DONNA M.	
STREET ADDRESS	1627 E GROVEHILL RD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHUSTER, WILLIAM A.	
STREET ADDRESS	3724 SPRING VALLEY DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHUSTER, ROGER T.	
STREET ADDRESS	3710 ELMWOOD DRIVE	
CITY-ST-ZIP	HOLIDAY, FL. 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHUSTER, SHARON A.	
STREET ADDRESS	3710 ELMWOOD DRIVE	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHUSTER, JODI L.	
STREET ADDRESS	3724 SPRING VALLEY DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Alan Schuster*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/96
813-934-0794
Date Day/Year/Phone #

CR2E034 (3/96)