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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 11 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F40302

(4)

SIGNATURE

DELTA I	MARINE, INC.			The Marie Control	
	•				
Principal Plac	re of Busness	Mailing Address		-	OTOTI OLOGI RICIA DIDIL DIDIL DIDIL IDDI
		5600 3RD AVE. KEY WEST FL 33040-60	34		
				3. Date Incorporated or Qualified 06/11/1981	3a. Date of Last Report 06/11/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21] Suite, Apt	# rde	Suite, Apt. #, etc.		59-2321698	Not Applicable \$8.75 Additional
22	ν, c.ι	27		5. Certificate of Status Desired	Fee Required
City & Stat	()	City & State	······································	6. Election Campaign Financing	\$5.00 May Be
23	and the second s	28		Trust Fund Contribution	Added to Fees
Zip Tin	Country	Zip	Country	8. This corporation has liability for I Florida Statutes	ntangible tax under s. 199.032, Yes :: No
24	25 9. Name and Address of Curren	29 it Registered Agent	30	10. Name and Address of New Re	
ANI	DREWS, HENRY J., JR.		81 Name		
132	5 SUNSET DRIVE WEST FL 33040		82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)
1421	11601 16 00010		63		
			84 City		85 Zip Code
	The second secon				FL T
office or	maistered amont, or both, in the State.	inf Florida, Such change wa	as authorized by the cornoration	pration submits this statement for the pon's board of directors. I hereby accep	ourpose of changing its registered to the appointment as registered
açent La	am familiar with, and accept the obliga	ations of, Section 607.0505,	Florida Statutes		
SIGNATURE	(algoritor, typical or protect from of registered age	rt and little it applicable (I	NOTE Registered Agent signature require	of when reinstating)	DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFIC	
10.6	P	DELETE	1.1 TITLE		Change Addition
NAME	ANDREWS, HENRY J., JR.		1.2 NAME		
STREET ADDRESS	1325 SUNSET DRIVE KEY WEST FL		1.3 STREET ADDRESS		
COTY - S1 - ZIP TITLE	ST	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	ANDREWS, CATHERINE A.		2.2 NAME		
STREET ADDRESS	1325 SUNSET DRIVE		2.3 STREET ADDRESS	•	
CITY ST-200	KEY WEST FL		2. 4 CITY+ST+ZIP	•	
hftE		DELETE	3.1 TITLE		Change Addition
NAM:			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-SI-20F		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	İ	C VECEN	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
Crity - St - ZiP			4.4 City-St-ZiP		
THUE		DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-S1 ZP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TELE		LT receit	6.1 TITLE		ET Anguige ET Mangani
NAME OFFICE ACTION OF			6.2 NAME 6.3 STREET ADDRESS		
STREET ALIDRESS			D.S STREET AUDRESS		

14. I do 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 suppliemental 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