

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

FILED  
Feb 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F71019 (6)  
1. Corporation Name  
MARITIME MARINE, INCORPORATED



Principal Place of Business: % MALCOLM B. PARTON, 961 SE 20TH ST., BAY B-35, FT. LAUDERDALE FL 33316  
Mailing Address: % MALCOLM B. PARTON, 961 SE 20TH ST., BAY B-35, FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified: 03/15/1982  
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: 59-2192570  
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 [checked] No

9. Name and Address of Current Registered Agent  
PARTON, MALCOLM B.  
1328 CITRUS ISLE  
1328 CITRUS ISLE  
FT. LAUDERDALE FL 33315

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): 259 Marathon Lane  
83  
84 City: Ft Lauderdale FL 85 Zip Code: 33312

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: [Signature] DATE: 02/05/97

Table 12: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include MALCOLM B. PARTON and STELLA B. PARTON.

Table 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1-1.4 (NAME, ADDRESS), 2.1-2.4 (TITLE, NAME, ADDRESS), 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4.

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 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: [Signature] DATE: 1/27/97 DAYTIME PHONE: 467-8200

CR2E034 (9/96)