

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

1995
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Secretary of State
Tallahassee, Florida
32399-0001

APPROVED

59-2497254-007

DOCUMENT # **F72718**

(2)

MAKAI MARINE INDUSTRIES, INC.

Principal Office Address: P. O. BOX 2039
BOCA RATON FL 33427
US

Mailing Address: P. O. BOX 2039
BOCA RATON FL 33427
US

County of **DADE** (FLORIDA STATE)

2. Date of Filing of Report		3a. Mailing Address		3. Date of Organization or Reorganization		3b. Date of Last Report	
21		26		03/19/1982		05/01/1994	
22		27		4. Filing Number		Applied For	
23		28		59-2497254		Not Applicable	
24		25		29		30	
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution				☐ \$5.00 May Be Added to Fees			
7. This corporation has complied with the provisions of Chapter 190, Florida Statutes. ☐ Yes ☐ No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WILLIS, GREGORY J. 1 BISCAYNE TOWER 2 SOUTH BISCAYNE BLVD., SUITE 2500 MIAMI FL 33131				81. Name			
				82. Street Address (If C) Box Number is Not Applicable			
				83.			
				84. City			
				FL 85. Zip Code			

11. Pursuant to the provisions of Sections 190.01 and 190.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as permitted by the State of Florida, and this change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent of the corporation with effect on the date of filing of this report of 1994 Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: PST KAISER, MARC R STREET ADDRESS: 3663 S. MIAMI AVE. CITY: MIAMI FL STATE: C ZIP: 3663 S. MIAMI AVE. NAME: KAISER, MARC R STREET ADDRESS: 3663 S. MIAMI AVE. CITY: MIAMI FL STATE: C ZIP: 3663 S. MIAMI AVE.		1. NAME: _____ 2. NAME: _____ 3. NAME: _____ 4. NAME: _____ 5. NAME: _____ 6. NAME: _____ 7. NAME: _____ 8. NAME: _____ 9. NAME: _____ 10. NAME: _____ 11. NAME: _____ 12. NAME: _____ 13. NAME: _____ 14. NAME: _____ 15. NAME: _____ 16. NAME: _____ 17. NAME: _____ 18. NAME: _____ 19. NAME: _____ 20. NAME: _____ 21. NAME: _____ 22. NAME: _____ 23. NAME: _____ 24. NAME: _____ 25. NAME: _____ 26. NAME: _____ 27. NAME: _____ 28. NAME: _____ 29. NAME: _____ 30. NAME: _____ 31. NAME: _____ 32. NAME: _____ 33. NAME: _____ 34. NAME: _____ 35. NAME: _____ 36. NAME: _____ 37. NAME: _____ 38. NAME: _____ 39. NAME: _____ 40. NAME: _____ 41. NAME: _____ 42. NAME: _____ 43. NAME: _____ 44. NAME: _____ 45. NAME: _____ 46. NAME: _____ 47. NAME: _____ 48. NAME: _____ 49. NAME: _____ 50. NAME: _____ 51. NAME: _____ 52. NAME: _____ 53. NAME: _____ 54. NAME: _____ 55. NAME: _____ 56. NAME: _____ 57. NAME: _____ 58. NAME: _____ 59. NAME: _____ 60. NAME: _____ 61. NAME: _____ 62. NAME: _____ 63. NAME: _____ 64. NAME: _____ 65. NAME: _____ 66. NAME: _____ 67. NAME: _____ 68. NAME: _____ 69. NAME: _____ 70. NAME: _____ 71. NAME: _____ 72. NAME: _____ 73. NAME: _____ 74. NAME: _____ 75. NAME: _____ 76. NAME: _____ 77. NAME: _____ 78. NAME: _____ 79. NAME: _____ 80. NAME: _____ 81. NAME: _____ 82. NAME: _____ 83. NAME: _____ 84. NAME: _____ 85. NAME: _____ 86. NAME: _____ 87. NAME: _____ 88. NAME: _____ 89. NAME: _____ 90. NAME: _____ 91. NAME: _____ 92. NAME: _____ 93. NAME: _____ 94. NAME: _____ 95. NAME: _____ 96. NAME: _____ 97. NAME: _____ 98. NAME: _____ 99. NAME: _____ 100. NAME: _____	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and accurate and that my signature shall have the same legal effect as if made under oath. That certain calls or changes of the corporation or the corporation's board of directors to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on any affidavits filed with this report.

SIGNATURE: *MARC R. KAISER* **MARC R. KAISER** 5-1-95 305-854-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR