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95 APR 20 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Brenda B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H87013 (9)

1. Corporation Name
MARINE ACR SYSTEMS, INC.

Principal Place of Business 2625 46TH ST S ONE BEACH DRIVE SOUTHEAST-SUITE 205 GULFPORT FL 33711 US	Mailing Address 2625 46TH ST S ONE BEACH DRIVE SOUTHEAST-SUITE 205 GULFPORT FL 33711 US
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 215 14TH AVE SOUTH	2a. Mailing Address 26 215 14TH AVE SOUTH
Suite, Apt. #, etc. 22 ST. PETERSBURG FL.	Suite, Apt. #, etc. 27
City & State 23 ST. PETERSBURG FL.	City & State 28
Zip 24 33701	Country 25 USA
Country 29	Zip 30

3. Date Incorporated or Qualified 11/26/1985	3a. Date of Last Report 05/01/1994
4. FEI Number 52-1453006	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$9.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DOSS, DAVID N.
5209 GULFPORT BLVD., SOUTH
GULFPORT FL 33707**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PST	NAME CONWAY, TIMOTHY R.
STREET ADDRESS 2625 46TH STREET S.	CITY - ST - ZIP GULFPORT FL
TITLE D	NAME CONWAY, TIMOTHY R.
STREET ADDRESS 2625 46TH STREET S.	CITY - ST - ZIP GULFPORT FL
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **TIM CONWAY** Date: **4/11/95** (813) 460-4282