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FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

SCHOELL MARINE, INC.

Principal Place of Business

Mailing Address

515 SEABREEZE BLVD
SUITE 301
FT. LAUDERDALE FL 33316

2. Principal Place of Business

2a. Mailing Address

21 515 SEABREEZE BLVD
Suite, Apt. #, etc.

26 515 SEABREEZE BLVD
Suite, Apt. #, etc.

22 SUITE 301
City & State

27 SUITE 301
City & State

23 FT. LAUDERDALE, FL
Zip

28 FT. LAUDERDALE, FL
Zip

24 33316
Country

29 33316
Country

9. Name and Address of Current Registered Agent

MARGOLIS, JOHN A.
9040 SUNSET DRIVE
SUITE 40
MIAMI FL 33173

3. Date Incorporated or Qualified

09/25/87

3a. Date of Last Report

05/11/1996

4. FEI Number

65-0022529

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

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

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

HARRY L. SCHOELL PRESIDENT 4/25/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHOELL, HARRY L.
STREET ADDRESS 515 SEABREEZE BLVD SUITE
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500002166885

-05/06/97--01026--023

***165.00

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97-954764-0067

CR2E034 (9/96)