

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M61430** (8)

1. Corporation Name
KAHN'S MARINE SERVICE, INC.



Principal Place of Business: C/O WILLIAM S. KAHN, 115 FEDERAL HWY BOX 1252, LAKE PARK FL 33403
Mailing Address: C/O WILLIAM S. KAHN, 115 FEDERAL HWY BOX 1252, LAKE PARK FL 33403

3. Date Incorporated or Qualified: 10/26/1987
3a. Date of Last Report: 03/31/1995
4. FEI Number: 65-0008387
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 No

2. Principal Place of Business: 21
2a. Mailing Address: 26 PO Box 12399
Suite, Apt. #, etc.: 27 115 Federal Hwy
City & State: 28 Lake Park FL
Zip: 29 33403 Country: 30 USA

9. Name and Address of Current Registered Agent
**KAHN, WILLIAM S.
115 FEDERAL HWY
LAKE PARK FL 33403**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: *Claudia A Kahn*
Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KAHN, WILLIAM S.	
STREET ADDRESS	115 FEDERAL HWY	
CITY - ST - ZIP	LAKE PARK FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KAHN, CLAUDIA A.	
STREET ADDRESS	115 FEDERAL HWY	
CITY - ST - ZIP	LAKE PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William S Kahn	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Claudia A Kahn	
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 119.07(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: *Claudia Kahn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 407-863-5132
Date Daytime Phone #

CR2E034 (12/95)