

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Secretary Division
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000072360 (7)

1. Corporation Name
UNIROYAL MARINE, INC.



Principal Place of Business

Mailing Address

~~5445 MARINER STREET - SUITE 111 - TAMPA FL 33600~~

~~5445 MARINER STREET - SUITE 111 - TAMPA FL 33600~~

2. Principal Place of Business
 21 **3910 W. ALVA**

2a. Mailing Address
 26 **3910 W. ALVA**

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

City & State
 23 **TAMPA, FL**

City & State
 28 **TAMPA, FL**

Zip
 24 **33614**

Country
 25 **HILLS**

Zip
 29 **33614**

Country
 30

9. Name and Address of Current Registered Agent

SANDMAN, WILLIAM A
~~5445 MARINER STREET - SUITE 111 - TAMPA FL 33600~~

3. Date Incorporated or Qualified
09/19/1995

3a. Date of Last Report

4. FEIN Number
59-3337125

Applied For
 Not Applicable

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

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
3910 W. ALVA ST.
 83
 84 City **TAMPA** FL 85 Zip Code **33614**

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 617.0601, Florida Statutes.

SIGNATURE

Signature of the person whose name appears in Block 9

Signature of the person whose name appears in Block 10

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BABU, K C | |
| STREET ADDRESS | 5445 MARINER STREET, SUITE 111 - TAMPA FL 33600 | |
| CITY, ST, ZIP | TAMPA FL 33600 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MATTHEW, IYPE | |
| STREET ADDRESS | 5445 MARINER STREET, SUITE 111 - TAMPA FL 33600 | |
| CITY, ST, ZIP | TAMPA FL 33600 | |
| 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

| | | |
|-------------------|-----------------------------|--|
| 11 TITLE | DIRECTOR / PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | 3910 W. ALVA ST. | |
| 14 CITY, ST, ZIP | TAMPA, FL 33614 | |
| 21 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | 3910 W. ALVA ST. | |
| 24 CITY, ST, ZIP | TAMPA, FL 33614 | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY, ST, ZIP | | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY, ST, ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY, ST, ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY, ST, ZIP | | |

14. I do hereby certify that the information supplied in this form was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 affidavit with an affidavit.

SIGNATURE: **WILLIAM A SANDMAN** *William A Sandman* Sec. 4/1/96 **813 879,9788**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)