## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000080557 (8)

GC MARINE, INC.

## FILED Jan 28 1998 8:00am Secretary of State



Mailles Address												
Principal Place of Business Mailing Address												
1619 S.W. 8TH AVENUE										- II III.		
								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
									10/20/1995			
<b>└</b>	face of Business	2a.	2a. Mailing Address					4. F	El Number		Ar	oplied For
21			26						65-0617686		No	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					<b>5.</b> C	ertificate of Status Desired		<b>\$8.75</b> . Fee Re	
City & State			City & State					6. E	lection Campaign Financing		\$5.00	May Be
23			28					Tı	rust Fund Contribution			to Fees
Zip	Country		Zip	Cou				8. This corporation owes or has paid the current year Intangible				
24	25	[22]						Personal Property Tax due June 30. Yes No				_l No
	<ol><li>Name and Address of Curre</li></ol>	nt Regis	stered Agent		-			10. N	lame and Address of New R	egistered	Agent	
1	IFFORD, GUY				81	Na	lame					·
1619 S.W. 8TH AVENUE						St	treet Addres	dress (P.O. Box Number is Not Acceptable)				
Fi.	LAUDERDALE FL 33315				83							
					84	Ci	itu				85 Zip	Code
					1		•			FL	_   `   `	
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	)2 and 6 e of Flori	607.1508, Florida Statu da. Such change was	utes, the authoriz	above ed by	e-na v the	amed corporation	ration s n's boa	submits this statement for the ard of directors. I hereby acci	purpose o	of changing if pointment as	ts registered registered
agent. I a	m tamiliar with, and accept the oblig	jations o	f, Section 607.0505, F	forida St	atutes	S.					,	
SIGNATURE									Section of the sectio	DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A  12. OFFICERS AND DIRECTORS  13.							gnature required i		IDITIONS/CHANGES TO OFF		D DIRECTOR	25 IN 12
TITLE					1.1 TITLE			Λ.	DITIONO/CHANGES TO CIT	OLIIO AIR	Change	Addition
NAME	CLIFFORD, GUY				NAME							
STREET ADDRESS	1619 S.W.8TH AVENUE					ADDE	BECC					
GITY-ST-ZIP FT. LAUDERDALE FL 33315				1,3 STREET ADDRESS 1,4 CITY-ST-ZIP								
TITLE			DELETE				<del>-</del>				Change	Addition
NAME						2.2 NAME						
STREET ADDRESS	88				2.3 STREET ADDRESS		RESS					
CITY-ST-ZIP						2. 4 CITY-ST-ZIP				خبه		Ì
TITLE			DELETE	_	TITLE	J, <u>L</u> .	-				Change	☐ Addition
NAME				3.2	NAME							
STREET ADDRESS					STREET	ADDE	RESS					
CITY-SI-ZIP					CITY-S		1					
TITLE			☐ DELETE		TITLE	<del>•. •.</del>	_				Change	Addition
NAME				4. 2	NAME							
STREET ADDRESS				4.3	STREET	ADDF	RESS					
CITY-ST-ZIP					CITY-S							
TITLE			☐ DELETE		TITLE						Change	Addition
NAME				5.2	NAME							İ
STREET ADDRESS				5.3	STREET	ADDE	RESS					
CITY-ST-ZIP					CITY-SI		- 1					
TITLE			DELETE		TITLE						Change	Addition
NAME				6.2	NAME							
STREET ADDRESS				6.3	STREET	ADOF	RESS					
CITY-ST-ZIP				- 1	CITY-51							
	ertify that the information supplied v	vith this f	filing does not qualify					ection	119.07(3)(i), Florida Statutes.	I further c	ertify that the	information

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Cuy Clifford Way Currors

1/15/98

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