

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

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**Mar 04 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P95000093091 (3)**

1. Corporation Name  
**CJS MARINE MANAGEMENT CORP.**



Principal Place of Business: **1500 CORDOVA ROAD SUITE 202 FT. LAUDERDALE FL 33316**  
Mailing Address: **1500 CORDOVA ROAD SUITE 202 FT. LAUDERDALE FL 33316-2190**

3. Date Incorporated or Qualified: **12/07/1995**  
3a. Date of Last Report: **01/03/1997**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite Apt #, City & State, Zip, and Country.  
4. FEI Number: **65-0627712**  
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

9. Name and Address of Current Registered Agent: **TOMASELLI, JOHN 1500 CORDOVA ROAD, SUITE 202 FT. LAUDERDALE FL 33316**  
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOMASELLI, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>1500 CORDOVA ROAD, SUITE 202</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PTD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEBBINS, JAMES F</b>	2.2 NAME	
STREET ADDRESS	<b>1792 ROUTE 108</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MUTTONTOWN NY 11791</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRENNAN, LAWRENCE B</b>	3.2 NAME	
STREET ADDRESS	<b>176 CHRISTOL STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>METUCHEN NJ 08840</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEBBINS, CYNTHIA</b>	4.2 NAME	
STREET ADDRESS	<b>1792 ROUTE 108</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MUTTONTOWN NY 11791</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AVTS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERNADETTE, SHEEHAN</b>	5.2 NAME	
STREET ADDRESS	<b>58 GREENLAWN AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEACLIFF NY 11579</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: [Signature] **S.F. Stebbins 2/17/96 516 921 6028**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # 005557

CR2E034 (9/96)