

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

**FILED**

**Apr 10 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 # P96000037327 (9)**

**1. Corporation Name  
WHM III MARINE, INC.**



**Principal Place of Business  
6108 S.E. RIVERBOAT DRIVE  
STUART FL 34992**

**Mailing Address  
6108 S.E. RIVERBOAT DRIVE  
STUART FL 34997-1525**

**3. Date Incorporated or Qualified  
04/30/1996**

**3a. Date of Last Report**

**2. Principal Place of Business  
21 235 SW CABANA Point Circle  
Suite, Apt #, etc.**

**2a. Mailing Address  
26 235 S.W. Cabana Point Circle  
Suite, Apt #, etc.**

**4. FEI Number  
60-0662586**

**Applied For  
Not Applicable**

**22 City & State  
23 STUART FL**

**27 City & State  
28 STUART FL**

**5. Certificate of Status Desired  \$8.75 Additional Fee Required**

**6. Election Campaign Financing  
Trust Fund Contribution  \$5.00 May Be Added to Fees**

**24 34994 25 Country**

**29 34994 30 Country**

**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MARTZ, WILLIAM H III  
6108 S.E. RIVERBOAT DRIVE  
STUART FL 34992**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_**

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b> D	<input type="checkbox"/> DELETE
<b>NAME</b> MARTZ, WILLIAM H III	
<b>STREET ADDRESS</b> 6108 SE RIVERBOAT DRIVE	
<b>CITY - ST - ZIP</b> STUART FL 34992	
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b> DUTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b> MARTZ, WILLIAM H. III	
<b>1.3 STREET ADDRESS</b> 235 SW CABANA Point Circle	
<b>1.4 CITY - ST - ZIP</b> STUART FL 34994	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY - ST - ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY - ST - ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY - ST - ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY - ST - ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY - ST - ZIP</b>	

**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: William H. Martz III William H. Martz III 2/27/97 561-288-1122**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)