

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000037532 (5)

1. Corporation Name

AMCRAFT MARINE INC.



Principal Place of Business: 9751 66TH STREET NORTH, PINELLAS PARK FL 34666
Mailing Address: 9751 66TH STREET NORTH, PINELLAS PARK FL 34666

3. Date Incorporated or Qualified: 05/11/1995
3a. Date of Last Report
4. FEI Number: 69-3317144
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 [X] No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt #, etc; City & State; Zip; Country.

9. Name and Address of Current Registered Agent

PRESTON, JAMES
9751 66TH STREET NORTH
PINELLAS PARK FL 34666

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of officer, director, agent and filer's approver

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS
1. TITLE: D, DELETE
2. NAME: LAFORCE, RAYMOND
3. STREET ADDRESS: 9751 66TH STREET NORTH, PINELLAS PARK FL 34666
4. CITY-ST-ZIP
5. TITLE: D, DELETE
6. NAME: PRESTON, JAMES
7. STREET ADDRESS: 9751 66TH STREET NORTH, PINELLAS PARK FL 34666
8. CITY-ST-ZIP
9. TITLE: DELETE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE: DELETE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP
17. TITLE: DELETE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: Change Addition
2. NAME: Change Addition
3. STREET ADDRESS: Change Addition
4. CITY-ST-ZIP: Change Addition
5. TITLE: Change Addition
6. NAME: Change Addition
7. STREET ADDRESS: Change Addition
8. CITY-ST-ZIP: Change Addition
9. TITLE: Change Addition
10. NAME: Change Addition
11. STREET ADDRESS: Change Addition
12. CITY-ST-ZIP: Change Addition
13. TITLE: Change Addition
14. NAME: Change Addition
15. STREET ADDRESS: Change Addition
16. CITY-ST-ZIP: Change Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raymond Laforce* President 6/10/96 813-541-5848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day, Time, Phone #

CR2E034 (3/96)