

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

FILED

Mar 19 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 # 261126

(7)

1. Corporation Name

FER-MAR ENTERPRISES, INC.

Principal Place of Business

1311 LINTON BLVD  
PO BOX 9002  
DELRAY BCH. FL 33447-9002

Mailing Address

P O BOX 9002  
PO BOX 9002  
DELRAY EBHAC FL 33447-9002  
US



3. Date Incorporated or Qualified

07/23/1962

3a. Date of Last Report

03/11/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 P.O. Box 9002

27 Suite, Apt. #, etc.

28 City & State

29 Delray Beach, FL

30 Zip

33447

Country

USA

4. FEI Number

59-1100786

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

9. Name and Address of Current Registered Agent

WALLACE, KATHLEEN  
1200 N OCEAN BLVD.  
GULF STREAM FL 33483

10. Name and Address of New Registered Agent

81 Name

Kathleen Wallace

82 Street Address (P.O. Box Number is Not Acceptable)

1472 South Ocean Boulevard

83

84 City

Palm Beach

FL

85 Zip Code

33480

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

*Kathleen S. Wallace*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME WALLACE KATHLEEN  
STREET ADDRESS 1200 N. OCEAN BLVD.  
CITY-ST-ZIP GULF STREAM FL

TITLE S ☐ DELETE  
NAME SMITH, WILLIAM F.  
STREET ADDRESS 231 ASTER TRACE  
CITY-ST-ZIP CANTON GA

TITLE T ☐ DELETE  
NAME SMITH, JAY  
STREET ADDRESS 2240 OLIVER RIDGE RD.  
CITY-ST-ZIP WATKINSVILLE GA

TITLE VP ☐ DELETE  
NAME SMITH, TIMOTHY F  
STREET ADDRESS USIS EMBASSY, UNIT 45004  
CITY-ST-ZIP APO AP 05

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME Wallace, Kathleen S.  
1.3 STREET ADDRESS 1472 S. Ocean Blvd.  
1.4 CITY-ST-ZIP Palm Beach, FL 33480

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Kathleen S. Wallace*

3-13-97

561 278-0303

Date

Daytime Phone #

0343756

300

CR2E034 (9/96)