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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandre & Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 268096

(5)

FILED Feb 18 1997 8:00am Secretary of State

	MARINE INC						İ
Principal Place	e of Business	Mailing Address			4 1884a 1184 Wiles 1811 Buile 1814 Bris 1	samer medrif Remit dente ander mente beme	i
1021 N TAMIAMI TRAIL N. FT. MYERS FL 33903 N. FT. MYERS FL 33903-53			325				
					3. Date incorporated or Qualified 03/18/1963	3a. Date of Last Report 01/29/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied F	-0r
21		26			59-1007828	Not Applie	
Suite, Apt	#, EIC	Suite, Apt. #, etc.	.C.		5. Certificate of Status Desired	\$8.75 Addition	
22 City & State	ρ		City & State		6. Election Campaign Financing	\$5.00 May B	
23	•	28			Trust Fund Contribution	Added to Fees	
Zip	Country	Z-p	Country	·	8. This corporation has liability for		
24	25	29	30		Florida Statutes	Yes No	
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gletered Agent	
NEW	MAN,ROBERT		81 N	lame		1	
1021 N. TAMIAMI TRAIL				treet Addre	ss (P.O. Box Number is Not Acceptab	de)	
N. F	T. MYERS FL 33903		82 S				
]			83				
}			84 C	Sity		85 Zip Code	
				···•		FL [8]	
office or r agent. La	to the provisions of Sections 607.050 registered agent or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida. Such change was pations of, Section 607.0505, F	tes, the above-na authorized by the orida Statutes.	amed corpo e corporatio	pration submits this statement for the pon's board of directors. I hereby accept	urpose of changing its regist at the appointment as registe	lered ered
SIGNATURE	Signature, typed or printed name of registered ag	en: and title if applicable (NO	E Registered Agent s	gnature required	d when reinstating)	DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		2
TITLE	PD	☐ DELETE	1.1 TITLE			Change A	ddition
NAME	NEWMAN, ROBERT A.		1.2 NAME				
STREET ADDRESS	1021 N. TAMIAMI TRAIL		1.3 STREET ADD	ress			ļ
CITY - ST - ZIP	N. FT. MYERS FL		1.4 CITY - ST - 2	P			
TITLE	\$	☐ DELETE	2.1 TITLE			Change A	v dition
NAME 1	NEWMAN, RUTH S.		2.2 NAME				
STREET ADDRESS	1021 N. TAMIAMI TRAIL		23 STREET ADDRESS				
CITY-ST-ZIP	N. FT. MYERS FL	DELETE	2.4 CITY-ST-ZIP			Change A	Addition
TITLE		L.J DELETE	3.1 TITLE			M. Unange L.J.A	naromita)
NAME CIBELL ACOUSES			3.2 NAME 3.3 STREET ADD	NRECC			
STREET ADDRESS			3.4. CITY - \$1 - 2				
CITY-ST-ZIP TITLE			4.1 TITLE	"		Change A	ddition
NAME		· · · · · · · · · · · · · · · · · · ·	4. 2 NAME	}			1
STREET ADDRESS			4.3 STREET ADD	ORESS			1
CHY-ST-ZIP			4.4 CITY-ST-Z	l l			f
TITLE		DELETE	5.1 TITLE	 	***************************************	Change A	Addition
NAME			5.2 NAME				[
STREET ADDRESS			5.3 STREET ADD	PRESS			
CITY-S1-ZIP			5.4 CITY - ST - Z				
TITLE		☐ DELETE	6.1 TITLE			Change A	ddition
NAME			6.2 NAME				
STREET ADDRESS			63 STREET ADD	DRESS			
CITY-SI-7P		· · · · · · · · · · · · · · · · · · ·	64 CITY-ST-Z	P			
14 Lda bero	by cartify that the information supplie	d with this filing does not gua	ify for the exemp	tion stated	in Section 119.07(3)(i). Florida Statute	s. I further certify that the	

Information indicated on this annual report of specimental 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of changed may an appears with an address.

SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0396806