

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **332980**

(2)

1. Corporation Name

HVIDE MARINE INCORPORATED



Principal Place of Business

**2200 ELLER DRIVE
P.O. BOX 13038
FT. LAUDERDALE FL 33316**

Mailing Address

**2200 ELLER DRIVE
P.O. BOX 13038
FT. LAUDERDALE FL 33316**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GENE DOUGLAS
2200 ELLER DRIVE
FT. LAUDERDALE FL 33316**

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 607.1506, 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 registered agent and firm if applicable

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	FARMER, GERALD	
STREET ADDRESS	9261 NW 10TH STREET	
CITY-STATE-ZIP	CORAL SPRGS-FL	
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	HVIDE, J. ERIK	
STREET ADDRESS	144 ALEXANDER PALM ROAD	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	DOUGLAS, GENE	
STREET ADDRESS	2200 ELLER DRIVE	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SANTOS, ROBERT A	
STREET ADDRESS	5741 SW 18TH ST	
CITY-STATE-ZIP	PLANTATION FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SWEENEY, EUGENE F.	
STREET ADDRESS	4450 N.W. 24TH TERR.	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	BLANKLEY, JOHN	
3. STREET ADDRESS	2200 S. OCFAN DRIVE, #202	
4. CITY-STATE-ZIP	FT. LAUDERDALE, FL 33316	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

(954) 627-6367

Date

Daytime Phone #

CR2E034 (12/95)