

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

FILED  
May 20 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Morciah</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **340789** (7)  
1. Corporation Name  
**FORCAST MARINE, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>4003 PINAR DRIVE<br/>BRADENTON FL 34210</b> | Mailing Address<br><b>4003 PINAR DRIVE<br/>BRADENTON FL 34210-3906</b> |
|---|--|

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 2. Principal Place of Business<br>21 <b>7070 15th ST E</b><br>Suite, Apt. #, etc.<br>22                           |  | 2a. Mailing Address<br>26 <b>7070 15th ST. E.</b><br>Suite, Apt. #, etc.<br>27 |  | 3. Date Incorporated or Qualified<br><b>01/29/1969</b>  | 3a. Date of Last Report<br><b>03/26/1996</b>           |
| 23 <b>SARASOTA, FL</b><br>City & State  |  | 28 <b>SARASOTA, FL</b><br>City & State   |  | 4. FEI Number<br><b>59-1230102</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 24 <b>34243</b><br>Zip  |  | 25 <b>MANATEE</b><br>Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 29 <b>34243</b><br>Zip  |  | 30 <b>MANATEE</b><br>Country   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| 9. Name and Address of Current Registered Agent<br><b>WAGNER JR, R V<br/>4003 PINAR DR<br/>BRADENTON FL 34210</b> |  |  |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |
|--|--|
| 10. Name and Address of New Registered Agent<br>81 Name <b>RV WAGNER III</b><br>82 Street Address (P.O. Box Number is Not Acceptable) <b>7070 15th ST E</b><br>83<br>84 City <b>SARASOTA</b> FL 85 Zip Code <b>34243</b> |  |
|--|--|

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 **RV WAGNER III (SECRETARY) RV Wagner III 4/21/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-nominating) DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE             | 1.1 TITLE   | <b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| NAME                       | <b>WAGNER, TIMOTHY</b>                               | 1.2 NAME  | <b>WAGNER, Timothy</b>   |
| STREET ADDRESS             | <b>4003 PINAR DRIVE</b>                              | 1.3 STREET ADDRESS                                    | <b>7070 15th ST E</b>  |
| CITY-ST-ZIP                | <b>BRADENTON, FL 00000</b>                           | 1.4 CITY-ST-ZIP                                       | <b>SARASOTA, FL 34243</b>  |
| TITLE                      | <b>PD</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| NAME                       | <b>WAGNER JR, R V</b>                                | 2.2 NAME  | <b>WAGNER, JAY</b>   |
| STREET ADDRESS             | <b>4003 PINAR DRIVE</b>                              | 2.3 STREET ADDRESS                                    | <b>7070 15th ST E</b>  |
| CITY-ST-ZIP                | <b>BRADENTON, FL 00000</b>                           | 2.4 CITY-ST-ZIP                                       | <b>SARASOTA, FL 34243</b>  |
| TITLE                      | <b>VD</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>WAGNER, MARY B</b>                                | 3.2 NAME  | <b>WAGNER, FRED</b>  |
| STREET ADDRESS             | <b>4003 PINAR DRIVE</b>                              | 3.3 STREET ADDRESS                                    | <b>7070 15th ST E</b>  |
| CITY-ST-ZIP                | <b>BRADENTON, FL 00000</b>                           | 3.4 CITY-ST-ZIP                                       | <b>SARASOTA, FL 34243</b>  |
| TITLE                      | <input type="checkbox"/> DELETE                      | 4.1 TITLE   | <b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| NAME                       |  | 4.2 NAME  | <b>WAGNER, RV III</b>  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    | <b>7070 15th ST E</b>  |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       | <b>SARASOTA, FL 34243</b>  |
| TITLE                      | <input type="checkbox"/> DELETE                      | 5.1 TITLE   |  |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                      | 6.1 TITLE   |  |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 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.

CR2E034 (9/96)

*1 blk Rep # 165*