
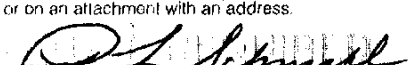


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 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 # 341573 (4) 1. Corporation Name SCHMAHL & SONS MARINE AGENCIES INC			
Principal Place of Business 3923 NE 171 ST N MIAMI BEACH FL 33160 US		Mailing Address 3923 NE 171 ST N MIAMI BEACH FL 33160-3077 US	
2. Principal Place of Business 4477 Indian River Drive, Fort Pierce FL 34982 Suite, Apt. #, etc.		2a. Mailing Address Fort Pierce FL 34982 Suite, Apt. #, etc.	
22. City & State FORT PIERCE FL 34982		27. City & State FORT PIERCE FL 34982	
23. Zip 34982		29. Zip 34982	
25. Country US		30. Country St. Lucie	
9. Name and Address of Current Registered Agent ANGERAMI, CATHERINE 3923 NE 171 STREET N MIAMI BEACH FL 33160		10. Name and Address of New Registered Agent 81. Name Catherine Angerami 82. Street Address (P.O. Box Number is Not Acceptable) 4477 Indian River Drive 83. 84. City FORT PIERCE 85. Zip Code FL 34982	
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 registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	ANGERAMI, JOSEPH		
STREET ADDRESS	1739 COUNTY ROAD 2		
CITY-ST-ZIP	OLIVEBRIDGE NY		
TITLE	V	<input checked="" type="checkbox"/> DELETE	
NAME	COTTRELL, STELLA S		
STREET ADDRESS	4036 CONWAY CIRCLE PLACE		
CITY-ST-ZIP	ORLANDO FL		
TITLE	ST	<input type="checkbox"/> DELETE	
NAME	SCHMAHL, PATRICIA L		
STREET ADDRESS	1739 COUNTY ROAD 2		
CITY-ST-ZIP	OLIVEBRIDGE NY		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
1.2 NAME	Vice President		
1.3 STREET ADDRESS	Catherine Angerami		
1.4 CITY-ST-ZIP	4477 Indian River Drive		
2.1 TITLE	FORT PIERCE FL 34982		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: P.L. Schmahl  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)

4/15/97 561-489-9332
914-657-9753
Daytime Phone #