

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

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:39

DOCUMENT # 467830 (6)
1. Corporation Name
MARINE DISCOUNTS, INC.

Principal Place of Business: 3031 N.W. SO. RIVER DR. MIAMI FL 33142
Mailing Address: 3031 N.W. SO. RIVER DR. MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2b		12/10/1974	06/14/1994
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-1564484	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	<input type="checkbox"/>
26		31		6. Election Campaign Financing	\$5.00 May Be Added to Fees
27		32		Trust Fund Contribution	<input type="checkbox"/>
28		33		7. This corporation has liability for intangible tax under 5, 194.032, Florida Statutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
29		34			

9. Name and Address of Current Registered Agent
CARVER, NEIL
2600 DOUGLAS ROAD, STE 700
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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 the corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINLEY, ROBERT C	12 NAME	
STREET ADDRESS	3007 N W S RIVER DR	13 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 00000	14 CITY ST ZIP	
TITLE	SD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINLEY, ELIZABETH J	22 NAME	
STREET ADDRESS	3007 N W S RIVER DR	23 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 00000	24 CITY ST ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the corporation. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 at the time of filing, or had been empowered to execute this report as required by Chapter 607, Florida Statutes, and that my appointment is Block 12 or Block 13 of changed or on an alternate with an address.

SIGNATURE: *Elizabeth J. McKinley*
1/13/95 # 114/36
(Signature, typed or printed name of signing officer or director)

1/13/95 - 305-634-4777
(Date and Telephone Number)