	TICE: CORPORATION WILL BE DI E ON OR BEFORE 09/30/08: \$550 (IF DISSO				3.	l
ANNU	PROFIT PORATION IAL REPORT 1998	FLORIDA DEPAR Sandra B Secretar DIVISION OF C	. Morthan y of State	1	Fand Charge County	D
DOOLUATION !!					98 JUL 20 PM	12: 02
1. Corporation Name 482181 (5)					SECRETARY OF	STATE
JIM MAI	nder's marine depot, inc	<u> </u>			TALLAHASSEE, F	ĽÓŘÍĎA III III III III III III III
Principal Place of Business Mailing Address						addi ğığır digir digir dibil dibil dibir ibdi
106640 OVERSEAS HWY 106640 OVERSEAS HWY KEY TARGO FL 33037 KEY TARGO FL 33037						
916	N.FIAGLER AVE	. 50	ME		DO NOT WRITE IN * 3. Date Incorporated or Qualified	THIS SPACE
	STEAD-PC330		11/6		08/06/1975	
	lace of Business	2a. Mailing Address		,	4. FEI Number	Applied For
21		26			59-1618581	Not Applicable
Suite, Apt #, etc. Suite, Apt. #, etc 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	1	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
	9. Name and Address of Current	Registered Agent	81	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registe	red Agent
2650	CHELL, GEORGE O D BISCAYNE BLVD MI FL 33137		82 83 84	}	ress (P.O. Box Number is Not Acceptable)	FL 85 Zip Code
11. Pursuant office or	t to the provisions of sections 607.0502 registered agent, or both, in the State of amiliar with, and accept the obligat	and 607.1508, Florida Statutes of Florida, Such change was a lions of section 607.0505, Flo	s, the above uthorized by rida Statute	L, -named corpo / the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	
SIGNATURE	contribution with the constitution of the	icals cit of const out to out to	nda exoluio	.		
	Signature, lyped or printed name of registered agent a		_	Agent signature req	uired when reinstating) DA	
12.	OFFICERS AND	1961.4	13, 11TITLE	1·	ADDITIONS/CHANGES TO OFFICER	
NAME	MANDER, JAMES A	[] DELETE	1.2 NAME		30000259	Change Addition
STREET ADDRESS	26001 SW 183 COURT		13 STREE	r Address	-07/24/98	01078018
CITY-ST-Z/P	HOMESTEAD FL 33031		1.4 CITY-5	T-ZIP	****158.	75 ****158.75
TITLE	VP	DELETE '	2 1 TITLE			Change Addition
NAME	MANDER, LYNNE (LYNNIE)		2 2 NAME			
STREET ADDRESS 28001 SW 183 COURT			2 3 STREE			
CITY-ST-ZIP	HOMESTEAD FL 33031		2.4 CITY-S 3.1 TITLE	T-ZIP		
TITLE NAME	[.]DELETE		3.2 NAME	}		Change Addition
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4 CITY-S			
TITLE			4.1 TITLE			Change Addition
NAME			4.2 NAME,			-
STREET ADDRESS			4.3 STREE	ADDRESS		
CITY-ST-ZIP			4.4 CIT Y-S	T-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition

14. I 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.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

order Characia

DELETE

04.16.98