

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 482292

(0)

1. Corporation Name

BLUE MARINE, INC.



Principal Place of Business

1104 PONCE DE LEON BLVD.
CORAL GABLES FL 33134-0322

Mailing Address

1104 PONCE DE LEON BLVD.
CORAL GABLES FL 33134-0322

3. Date Incorporated or Qualified

08/13/1975

3a. Date of Last Report

04/17/1995

4. FET Number

59-1639565

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has facility for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 18450 NW 144 Avenue

State, Apt. #, etc.

22 City & State

23 Okeechobee, Florida

Zip

24 34972

Country

25 USA

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

YELEN, DAVID

1104 PONCE DE LEON BLVD
CORAL GABLES FL 33134

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 607.0602 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 607.0603, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

SIGNATURE: Peter Pulitzer PETER POLITZER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96

CR2E034 (12/95)