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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # 487058

(0)

FILED Apr 16 1997 8:00am Secretary of State

1, Corporation Name MOBY MARINE CORPORATION Principal Place of Business 3630 NW RIVER DRIVE MIAMI FL 33142 MIAMI FL 33134-7129								
					3. Date Incorporated or Qualified 10/03/1975		ate of Last 6 01/1996	Report
	Place of Business	2a. Mailing Address			4. FEI Number 59-1666303	,	 	pplied For lot Applicable
Suite, Apt	#, etc	Suite, Apt, #, etc.	*******	y Pile In	5, Certificate of Status Desired		\$8.75	Additional lequired
22 City & Stat	le	City & State			6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·		May Be
23		28			Trust Fund Contribution			to Fees
Z(p)	Country 25	Z _I p 29	Count	ry	8. This corporation has liability for Florida Statutes	intangible		s. 199.032,
	g. Name and Address of Curre		1001		10, Name and Address of New Re			
	io n.w. n river drive MI FL 33142		82 Street Add 83 84 City		ress (P.O. Box Number is Not Acceptat	ble)	85 Zip	Code
· · · · · · · · · · · · · · · · · · ·	to the profile and observed							
office or agent. La SiGNATURE	registered agent, or both, in the Stat am familiar with, and accept the oblig Signature, typed or profed came of registered as				poration submits this statement for the pation's board of directors. I hereby acception when reinstaling	pt the app	pointment a	s registered
	Signature, typed or printed name of registered as	gent and lette if applicable. (NO NO DIRECTORS				DATE	DIRECTO	RS IN 12
SIGNATURE 12. ITHE NAME	Signature, typed or printed name of registered as	gent and title if appropable. (NC	TE: Registered A 13. 1.1 TITLE 1.2 NAM	gent algnature requi	ired when reinstating)	DATE		RS IN 12
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4. 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 comparation of 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 Bl

SIGNATURE:

MATCHE AND TOPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97

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