

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Feb 20, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # 505121 (4)**  
1. Corporation Name  
**PENINSULAR MARINE ENTERPRISES A CORPORATION**



Principal Place of Business <b>6000 PENINSULA AVE P.O. BOX 2251 KEY WEST FL 33040 US</b>		Mailing Address <b>6000 PENINSULA AVE. P.O. BOX 2251 KEY WEST FL 33040 US</b>		3. Date Incorporated or Qualified <b>06/14/1976</b>	3a. Date of Last Report <b>06/14/1995</b>
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 <b>6000 Peninsula Ave.</b> 27 State, Apt. #, etc. 28 <b>Key West, Florida</b> 29 <b>33040</b> 30 <b>USA</b>	4. FEI Number <b>59-1673908</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent <b>MING, JR., E. J. 6000 PENINSULA AVE KEY WEST FL 33040</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			

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 _____ <small>Signature typed or printed in block of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when re-registering)		DATE _____	
12. OFFICERS AND DIRECTORS					
TITLE	<b>D</b>	<input type="checkbox"/> DELETE			
NAME	<b>MING, ROBERT M.</b>				
STREET ADDRESS	<b>5175 ALLIGATOR ROAD</b>				
CITY-ST-ZIP	<b>ST. CLOUD FL</b>				
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE			
NAME	<b>MING, E. J. JR.</b>				
STREET ADDRESS	<b>6000 PENINSULA AVE</b>				
CITY-ST-ZIP	<b>KEY WEST FL</b>				
TITLE	<b>D</b>	<input type="checkbox"/> DELETE			
NAME	<b>MING, DONALD</b>				
STREET ADDRESS	<b>6000 PENINSULA AVE</b>				
CITY-ST-ZIP	<b>KEY WEST FL</b>				
TITLE	<b>P</b>	<input type="checkbox"/> DELETE			
NAME	<b>PAPPAS, JOHN</b>				
STREET ADDRESS	<b>6000 PENINSULA AVE.</b>				
CITY-ST-ZIP	<b>KEY WEST FL</b>				
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 type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *John Pappas* **JOHN PAPPAS** 2-15-96 305 2968110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)