


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 509313 (3) 1. Corporation Name UNITED MARINE, INC.					
Principal Place of Business 490 N.W. S. RIVER DRIVE MIAMI FL 33128 US			Mailing Address 490 NE S RIVER DR MIAMI FL 33128 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/12/1976	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 07/02/1996	
22 City & State		27 City & State		4. FEI Number 59-1686369	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BAILEY, JOHN R 9700 SO. DIXIE HWY., SUITE 570 MIAMI FL 33156				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code FL	
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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	DTC <input type="checkbox"/> DELETE				
NAME	BAILEY, GUY B.				
STREET ADDRESS	490 N.W. S. RIVER DRIVE				
CITY - ST - ZIP	MIAMI FL				
TITLE	P <input type="checkbox"/> DELETE				
NAME	SCARBOROUGH, GARY E				
STREET ADDRESS	490 N.W. S. RIVER DRIVE				
CITY - ST - ZIP	MIAMI FL				
TITLE	S <input type="checkbox"/> DELETE				
NAME	MALCOLM, VI K.				
STREET ADDRESS	2699 S.BAYSHORE DR.#800A				
CITY - ST - ZIP	MIAMI FL				
TITLE	DV <input type="checkbox"/> DELETE				
NAME	BAILEY, JOHN R.				
STREET ADDRESS	3784 1 BISCAYNE TOWER				
CITY - ST - ZIP	MIAMI FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	BABCOCK, MARY				
STREET ADDRESS	2699 S.BAYSHORE DR.#800A				
CITY - ST - ZIP	MIAMI FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	BAILEY, PATRICIA E				
STREET ADDRESS	2699 SOUTH BAYSHORE 800A				
CITY - ST - ZIP	MIAMI FL				
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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

305-545-8445

0618597

CR2E034 (9/96)