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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

519286 **DOCUMENT #**

(9)

SHIP SHAPE MARINE SALES, INC.

Principal Place of Business

Mailing Address

P O BOX 431255

P O BOX 431255



MIAMI FL 33143		MIAMI FL 33143					
					3. Date Incorporated or Qualified 11/30/1976	3a. Date of La 04/2	o/1995
2. Principal Plac		2a. Mailing Address		4. FEI Number 59-2739685		Applied For	
	4 SW140 ST	26 POBOX 43/255		39 2739003		Not Applicable	
Suite, Apt. #	, etc.	Šuite, Apt. #, etc.		5. Certificate of Status Desired	1 1	3.75 Additional Fee Required	
City & State 23		City & State 28 MIAMI, F=/			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Z _I p	Country		8. This corporation has liability for it		ler s 199.032,
24 33/86		[29] 33.243 [3	0 29.	DE-	Florida Statutes		
	9. Name and Address of Currer	n Hegistered Agent	81	Name	10. Name and Address of New R	egistered Agen	t
FEUER, JEFFREY M., P.A.				radino			
	SOUTH DIXIE HIGHWAY		82	Street Addre	ess (P.O. Box Number is Not Acceptab	ile)	
	FL 33189		83				
	_ 55.55						
			84	City		FL 85	Zip Code
or registere familiar with SIGNATURE:	the provisions of Sections 607,0502 diagent, or both, in the State of Florin, and accept the obligations of, Sectional response of provided in the obligations of the sections of the obligations of reputers the obligations of	da. Such change was authorized t ion 607.0505, Florida Statutes.	by the corp	named corpora ioration's boar.	ation submits this statement for the pur d of directors. I hereby accept the appoint	pose of changing pintment as regis	gits registered office tered agent. I am
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	CTORS IN 12
TiTLE	PD COST SUPERIOR	DELETE	1.17016	P		I Cha	inge 🔲 Addition
NAME	ORFF, EUGENE		1.2 NAME	OA	RFF. EUGENE		
STREET ADDRESS	8870 SW 86TH STREET		1.3 STREET		870 6W 87 5T		
CHTY-ST-ZIP	MIAMI FL ST		1.4 CITY - S	31-21P	1/AHI FL 33/73		<i></i>
TIFLE	~ .	□ DELETE	2 1 TITLE	57		☐ Cha	ange 🔲 Addition
NAME	ORFF, EUGENE . 8870 SW 86TH STREET		22 NAME	0/	APF EUGENE 170 SW 87 ST		
STREET ADDRESS	MIAMI FL		2 3 STREET	TADOFESS 8	70 56 87 57		
CITY ST ZIP	MICMI FL	Cloud	2.4 CITY - 5	ST-ZIF H	IAMI, FI 33173		
TITLE		☐ DELETE	3 1 TITLE			Cha	ange 🗌 Addition
NAME			3 2 NAME				i
STREET ADDRESS			3.3 STREE				
CITY-ST-ZIP TITLE		☐ DELEIF	3 4 CITY - 5 4 1 TITLE	5] - ZIP		Cha	ange Addition
NAME			4 2 NAME				rige Addition
STREET ADDRESS			4 3 STREET	Anneces			
CITY-ST-ZIP			4 4 CiTY - 5				
TITLE		☐ DELETE	5 1 TITLE	51 · ZJr		☐ Cha	ange Addition
NAME			5.2 NAME				g
STREET ADDRESS			5 3 STREET	ADORESS			
CITY-ST-ZIP			5.4 CiTy - S				
TITLE		☐ DELETE	6 1 TITLE			☐ Cha	inge Addition
NAME			6.2 NAME			_	
STREET ADORESS			63SIREE	ADDRESS			
CITY-ST-ZIP			6.4 CITY - 9				
	certify that the information supplied	with this filing is voluntarily furnishe			r the exemption stated in Section 119.	07(3)(k). Florida S	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 or Block 14 or Block 15 or Bl

SIGNATURE: 💢 sign

NING OFFICER OR DIRECTOR

1 Ophil a6/96 x 305-378 9761