## 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

DOCUM	MENT # 842066	3 (3)			
	MAN MARINE, INC.				
Principal Place of	of Business	Mailing Address		( I MANIA I MAIT AFFA ITALI AAITA AITIA I	Titt Athit Gibit Ersit Bitt i Sidit midie sast
516 W LAS OLAS BLVD 516 W LAS OLAS BLVD					
	ALE FL 33312-7136	FT LAUDERDALE FL 3331	2-7136		
				3. Date Incorporated or Qualified 12/14/1978	3a. Date of Last Report 08/09/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number 73-1003773	Applied For Not Applicable
21		Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Abjed to Fees
Zip	Country	Zip	Country	This corporation has liability for in Florida Statutes  Yes	itangible tax under s. 199.032,
24	25 9. Name and Address of Current	1 - 1	30	10. Name and Address of New Re	
	9. Name and Address of Current	t Habiataida Main	81 Name		48 27
RAPPET	T DAIF		82 Street Addr	RUTCE TVISON ess, (P.O. Box Number is Not Acceptable	6)
BARRETT, DALE 516 W LAS LAS BLVD			Sileer Add	SIG W. LAS UL	A
	DERDALE FL 33312		83	۵۰.	
	1		<b>84</b> City	01/3	85 Zip Code
	1 ~ Å			LAUDUNDANE	E-SI-1 1222 1
11. Pursuant to	o the provisions of Sections 607.0502	and 607,1508, Florida Statutes,	the above named corpor by the corporation's boar	ration submits this statement for the role of directors. I hereby accept the appoint	Mose of changing its registered office interest as registered agent. I am
or registere familiar wit	h, and accept the obligations of Sect	on 607.0505, Florida Statutes.	by the corporation and a		11-26.96
SIGNATURE _			Registered Agent signature require		1/-26.96
	Signature, typeologorinted nature of rejustated agent	and the it applicable (NOTE) DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
12.	VPD VPD	DELETE	1. 1 TITLE		Change Addition
NAME	BARRETT, DALE		1.2 NAME		
STREET ADDRESS	46-442 HAIKU PLANTATION		1 3 STREET ADDRESS		
CITY-ST-ZIP	KANEOKE HI		14 CITY - ST - ZIP		Change Addition
THILE	S	☐ DEFELE	2 1 TITLE		Change Addition
NAME	IMSON, WALTER		2.2 NAME		
STREET ADDRESS	2140 S.W. 23RD TERRACE		2 3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	☐ DELETE	2 4 CHY-ST-ZIP 3 1 TITLE		Change Addition
TITLE		Correction	3 2 NAME		
NAME PROCES APPRECE			3.3 STREET AODRESS		
STREET ADDRESS CITY-ST-ZIP			3.4 CITY - ST - ZIP		
TITLE		DELETE	4. 1 TITLE		Charge Addition
NAME			4 2 NAME		ļ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SI-ZIP			4.4 City - ST- ZIP		Charige Addition
TITLE		☐ DELETE	5 1 TITLE		C change C Montholi
NAME			5.2 NAME		- A (D
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		DELETÉ	5 4 CITY-ST-ZIP 6 1 TITLE	- A	Mayt: Addition
TITLE		- Darrie	6 2 NAME		ALCON TO
NAME expect annocce			6.3 STREET ADDRESS	CAVIDOCIA! ACC	al Charles
STREET ADDRESS		l	64 CITY - ST - ZIP	A POPOR	-
14. I do hereb	by certify that the information supplied	with this filing is voluntarily furnis		for the exemption state (Section 119	.07(3)(k), Florida Statules. I further

certify that the information indica oath; that I am an office for direct appears in Block 12 or Block 13 id on this arrival leport or supplemental annual report is true and accurate and that my significant shall have the same legal effect as if made under or of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name changed, or an attaching ent with an address. 4-26-96 954.467.1407

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #