

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F42089 (5)
1. Corporation Name
ADAMAR MARINE, INC. DBA ADAMAR FINE ARTS



177 N.E. 39TH STREET
MIAMI FL 33137
US

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MIAMI FL 33137
US

3. Date Incorporated or Qualified 08/20/1981		3a. Date of Last Report 05/01/1995	
4. FEI Number 59-2125934		Applied For	Not Applicable
5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	☐	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
10. Name and Address of New Registered Agent			

21	Suite, Apt. #, etc.
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26 Suite, Apt #, etc.

22	City & State
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27 _____
City & State

23 Zip Country

28 Zip

24 25

9. Name and Address of Current

29
Registered Agent

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEGAL, WILLIAM J
20801 BISCAYNE BLVD.
AVENTURA FL 33180

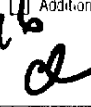
81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	Zip Code

11. Pursuant to the provisions of Sections 607.0102 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 respondent and the if applicable	(b)(6) Respondent's signature (signed where respondent)		DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1. LF	☐ Change ☐ Addition
NAME		2. ME	
STREET ADDRESS		3. MEET ADDRESS	
CITY - ST - ZIP		4. Y - ST - ZIP	
TITLE	☐ DELETE	2. LF	☐ Change ☐ Addition
NAME		2. ME	
STREET ADDRESS		2. MEET ADDRESS	
CITY - ST - ZIP		2. Y - ST - ZIP	
TITLE	☐ DELETE	3. LF	☐ Change ☐ Addition
NAME		3. ME	
STREET ADDRESS		3. MEET ADDRESS	
CITY - ST - ZIP		3. Y - ST - ZIP	
TITLE	☐ DELETE	4. LF	☐ Change ☐ Addition
NAME		4. ME	
STREET ADDRESS		4. MEET ADDRESS	
CITY - ST - ZIP		4. Y - ST - ZIP	
TITLE	☐ DELETE	5. LF	☐ Change ☐ Addition
NAME		5. ME	
STREET ADDRESS		5. MEET ADDRESS	
CITY - ST - ZIP		5. Y - ST - ZIP	
TITLE	☐ DELETE	6. LF	☐ Change ☐ Addition
NAME		6. ME	
STREET ADDRESS		6. MEET ADDRESS	
CITY - ST - ZIP		6. Y - ST - ZIP	

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5/1/96


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 in power 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Out:

Business Page #

CR2E034 (12/95)