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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F59646

(2)

MARKER MARINE, INC.

FILED Mar 25 1998 8:00am Secretary of State

MANKEN MARINE, INC.					
Principal Piac	e of Business	Mailing Address			#
•		· ·			
15 OCEAN D JUPITER FL : US		15 OCEAN DRIVE Jupiter FL 33469 US		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
				12/28/1981	
2. Principal P	Place of Business WE SHOPE DRIVE	26. Mailing Address 26. LAKESHOKE	Deive	4. FEI Number 65-0028578	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat 23 NOETH	PALM BEACH , FL	City & State NORTH PALM	BEACH, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip.	408 Country USA	^{7(ρ)} 33408	Country	This corporation owes or has paid the c Personal Property Tax due June 30.	
- -,	9. Name and Address of Current		<u></u>	10. Name and Address of New Registere	d Agent
DELEO, RALPH J. 81 Name					
APPROXIMATION OF THE PROPERTY				ess (P.O. Box Number is Not Acceptable)	·
JUPITER FL 33409 NO ETH PALM BEACH FL 33408					
		,			
			84 City	F	L 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 femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
	Signature: typod or printed name of registered agent		Registered Agent signature require		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AF	
TITLE	D D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DELEO, RALPH J.	e-shore delve	1.2 NAME		
STREET ADDRESS		Paum BEACH, FL38409	1.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
TITLE	DP	_			Cotoning Thympitical
NAME CAREET APPRECE	LESTORTI, LOUIS J 1500 SOUTH OCEAN BLVD. 44	SE. PALMETTO PARKED	2.2 NAME		
STREET ADDRESS	BOCA RATON FL. BOCA: 1	PATON, FL 33432			
CITY-ST-ZIP TITLE	DUCK PIXTON TO	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		_ steele	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST-ZIP	·.		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.9 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I hereby o	certity that the information supplied with	this filing does not qualify for t	ne exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further of	pertity that the information

14. Fhereby 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 supplimental 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 of 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 15 if changed or or an attachment with in address.

DAIDE NELL

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