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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 8:57

DOCUMENT # **F85919** **(1)**

1. Corporation Name
CAPITOL MARINE INDUSTRIES, INC.

Principal Place of Business	Mailing Address
272 SW 33 CT 5018 S.W. 91 AVE. FT. LAUDERDALE FL 33315 US	1920 SW 117 AVE 5018 SW 91 ST AVE. DAVIE FL 33325 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1982
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 272 S.W. 33RD CT
Suite, Apt. #, etc. 22:
City & State 23: FT LAUDERDALE, FL
Zip 24: 33315 County 25: USA

2a. Mailing Address
26: P.O. BOX 350011
Suite, Apt. #, etc. 27:
City & State 28: FT LAUDERDALE, FL
Zip 29: 33335 Country 30: U.S.A.

4. FEI Number: 59-2241738 ☐ 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

9. Name and Address of Current Registered Agent

WINCAPAW, WILLIAM H III
1920 SW 117 AVE
DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 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 familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: William H. Wincapaw III 5-10-95
(Type or print name of registered agent and, if applicable, the capacity) (NOTE: Registered Agent signature required when name changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☐ Change ☐ Addition
NAME	WINCAPAW, WILLIAM H III	12 NAME	
STREET ADDRESS	1920 SW 117 AVE	13 STREET ADDRESS	
CITY ST ZIP	DAVIE FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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 on an attachment with an address.

SIGNATURE: William H. Wincapaw III 5-10-95 (305)764-4220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0939948 CP