

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90007 012 ***550.00

DOCUMENT # F93000001224

1. Corporation Name
LEWMAR MARINE, INC.

Principal Place of Business
351 NEW WHITFIELD ST.
GUILFORD CT 06437

Mailing Address
~~P.O. BOX 308~~
~~GUILFORD CT 06437~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	351 NEW WHITFIELD ST.	03/04/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		06-0918087	
City & State		City & State		5. Certificate of Status Desired	
23		28	GUILFORD CT	<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29	06437	<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax.	
25		30	USA	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1202 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301		81 Name	
		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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	BLANTON, RANDOLPH	1.2 NAME	
STREET ADDRESS	351 NEW WHITFIELD ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	GUILFORD CT 06437	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	FLETCHER, ALAN	2.2 NAME	
STREET ADDRESS	351 NEW WHITFIELD ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	GULFFORD CT	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	HARTLEY, SIMON	3.2 NAME	
STREET ADDRESS	351 NEW WHITFIELD ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	GULFFORD CT	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	FISHER, IAN	4.2 NAME	
STREET ADDRESS	351 NEW WHITFIELD ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	GULFFORD CT	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	
NAME	HOLT, HELEN	5.2 NAME	
STREET ADDRESS	351 NEW WHITFIELD ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	GULFFORD CT	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	HARTLEY, SIMON	6.2 NAME	
STREET ADDRESS	351 NEW WHITFIELD ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	GULFFORD CT	6.4 CITY-ST-ZIP	

14. I hereby 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/14/99 (203) 458-6200

CR2E034 (11/98)

000183: