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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F93000004330 (7)**

1. Corporation Name
TRANSMARINE NAVIGATION CORPORATION

Principal Place of Business	Mailing Address
2400 E COMMERCIAL BLVD 203 FT. LAUDERDALE FL 33308 US	2400 E COMMERCIAL BLVD 203 FT. LAUDERDALE FL 33308-4022 US

3. Date Incorporated or Qualified: **09/24/1993**
3a. Date of Last Report: **09/18/1996**

2. Principal Place of Business
21 **824 U.S. HIGHWAY ONE**
Suite, Apt. #, etc.
22 **SUITE 345**
City & State
23 **NORTH PALM BEACH, FLORIDA**
Zip 24 **33408** Country 25 **USA**

2a. Mailing Address
26 **824 U.S. HIGHWAY ONE**
Suite, Apt. #, etc.
27 **SUITE 345**
City & State
28 **NORTH PALM BEACH, FLORIDA**
Zip 29 **33408** Country 30 **USA**

4. FEI Number: **98-0055482** ☐ 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
ZEGARRA, LOUIS
2400 E COMMERCIAL BLVD
SUITE 203
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent
81 Name: **WALDROP, MICHAEL**
82 Street Address (P.O. Box Number is Not Acceptable): **824 U.S. HIGHWAY ONE, SUITE 345**
83
84 City: **NORTH PALM BEACH,** **FL** 85 Zip Code: **33408**

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: Michael Waldrop (Signature of new registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 3/18/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WHITTINGTON, PETER M. CAPT.		1.2 NAME		
STREET ADDRESS	6592 TROTTER DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HUNTINGTON BCH CA		1.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ZEGARRA, LOUIS		2.2 NAME		
STREET ADDRESS	5851 HOLMBERG ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL 33067		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	CARO, LEONARD F		3.2 NAME	CRESS, MICHAEL M.	
STREET ADDRESS	6014 YORKTOWN CIRCLE		3.3 STREET ADDRESS	6582 DOHRN CIRCLE	
CITY-ST-ZIP	ORANGE CA 92669		3.4 CITY-ST-ZIP	HUNTINGTON BEACH, CA 92647	
TITLE	T	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	NGUYEN, PHU		4.2 NAME		
STREET ADDRESS	368 SOUTH VIA EL MODENA		4.3 STREET ADDRESS	8049 E. TIMBERLAND AVENUE	
CITY-ST-ZIP	ORANGE CA 92669		4.4 CITY-ST-ZIP	ORANGE, CA 92669	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COADY, ART		5.2 NAME		
STREET ADDRESS	301 EAST OCEAN BLVD., SUITE 570		5.3 STREET ADDRESS		
CITY-ST-ZIP	LONG BEACH CA 90802		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		

CR2E034 (9/96)

14. I do 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 added with an address.

SIGNATURE: [signature] **PETER M. WHITTINGTON 1/23/97 310 432-6941**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #