


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90051 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004330

1. Corporation Name

TRANSMARINE NAVIGATION CORPORATION

Principal Place of Business

824 US HWY 1
 SUITE 345
 N PALM BEACH FL 33408
 US

Mailing Address

824 US HWY 1
 SUITE 345
 N PALM BEACH FL 33408
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1993

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 owes the current year Intangible
 Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

WALDROP, MICHAEL
 824 US HWY 1
 SUITE 345
 N PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name **ROBERT GRAY**
 82 Street Address (P.O. Box Number is Not Acceptable)
824 US HWY 1
 83 **SUITE 345**
 84 City **N. PALM BEACH** **FL** 85 Zip Code **33408**

11. Pursuant to the provisions of Sections 607.0802 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

TITLE	P	<input type="checkbox"/> DELETE
NAME	WHITTINGTON, PETER M. CAPT.	
STREET ADDRESS	6592 TROTTER DRIVE	
CITY-ST-ZIP	HUNTINGTON BCH CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CRESS, MICHAEL M	
STREET ADDRESS	6582 DOHRN CIRCLE	
CITY-ST-ZIP	HUNTINGTON BEACH CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NGUYEN, PHU	
STREET ADDRESS	8049 E TIMBERLAND AVE	
CITY-ST-ZIP	ORANGE CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COADY, ART	
STREET ADDRESS	301 EAST OCEAN BLVD., SUITE 570	
CITY-ST-ZIP	LONG BEACH CA 90802	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

CR2E034 (11/98)