

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000001370 (4)

1. Corporation Name

CORAL MARINE LIMITED (INC.)

Principal Place of Business

396 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

Mailing Address

PO BOX 392
HOUSTON TX 77001-0392
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/22/1995	3a. Date of Last Report 02/02/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0556315	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHALEY, T E	
STREET ADDRESS	396 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSTON, W K	
STREET ADDRESS	396 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ, A M	
STREET ADDRESS	396 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FLEMING, A J	
STREET ADDRESS	396 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	WARD, R E	
STREET ADDRESS	396 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIDDINGS, J R	
STREET ADDRESS	396 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL	

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

SEE ATTACHED

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 on an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary 4-1297 713-656-1807

Date

Daytime Phone

CR2E034 (9/96)

**CORAL MARINE LTD.
1997 OFFICER AND DIRECTOR LIST**

OFFICERS

**PRESIDENT
T.E. WHALEY
396 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134**

**VICE PRESIDENT
J.L. WAY
396 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134**

**SECRETARY
M. MIRANDA
396 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134**

**ASSISTANT SECRETARY
J.G. LYNCH
800 BELL STREET ROOM 323
HOUSTON, TX 77001**

**TREASURER
A.J. FLEMING
396 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134**

**CONTROLLER
R.E. WARD
396 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134**

DIRECTORS

**J.R. GIDDINGS
396 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134**

**J.L. WAY
396 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134**

**T.E. WHALEY
396 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134**