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FILED  
May 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # G36586 (7)  
1. Corporation Name  
FLORIDA MARINE ENTERPRISES, INC.



Principal Place of Business: 3801 S FEDERAL HWY STUART FL 34997  
Mailing Address: 3801 S FEDERAL HWY STUART FL 34997-4996

3. Date Incorporated or Qualified: 04/27/1983  
3a. Date of Last Report: 07/09/1996  
4. FEI Number: 59-2336214  
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

2. Principal Place of Business: 21 2445 SE Federal Hwy. 22 Suite, Apt. #, etc. 23 Stuart, FL 34994 24 Zip 34994 25 Country Martin  
2a. Mailing Address: 26 2445 SE Federal Hwy. 27 Suite, Apt. #, etc. 28 Stuart, FL 34994 29 Zip 34993 30 Country Martin

9. Name and Address of Current Registered Agent: CHAMBERLAIN, WILLIAM A. 3801 S FEDERAL HWY STUART FL 34997  
10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2445 Se Federal Hwy. Stuart FL 34994 83 84 City Stuart FL 85 Zip Code 34994

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 re-stating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT CHAMBERLAIN, WILLIAM A. 3801 S FEDERAL HWY STUART FL	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	2445 SE Federal Hwy.
CITY-ST-ZIP		14 CITY-ST-ZIP	Stuart, FL 34994
TITLE	SD CHAMBERLAIN, WILLIAM F. 3801 S FEDERAL HWY STUART FL	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	2445 SE Federal Hwy.
CITY-ST-ZIP		24 CITY-ST-ZIP	Stuart, FL 34994
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 A. Chamberlain* CHAMBERLAIN, WILLIAM A.

CR2E034 (9/96)