

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G46961 (0)**

1. Corporation Name
MARINE AIR TECH, INC.



Principal Place of Business: **1700 NW NO. RIVER DRIVE #806 MIAMI FL 33125**
Mailing Address: **1700 NW NO. RIVER DRIVE #806 MIAMI FL 33125**

3. Date Incorporated or Qualified: **06/30/1983**
3a. Date of Last Report: **02/08/1995**
4. FEI Number: **59-2300145**
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

2. Principal Place of Business: **10611 NE 10 PL.**
2a. Mailing Address: **P.O. Box 35-0656**
Suite, Apt. #, etc.
22. City & State: **MIAMI SHORES, FL**
23. City & State: **MIAMI FL**
24. Zip: **33138** Country: **DADE**
25. Zip: **33135-0656** Country: **DADE**

9. Name and Address of Current Registered Agent
THEEN, HERMAN J.
1700 NW NO. RIVER DRIVE #806
MIAMI FL 33125

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): **10611 NE 10 PLACE**
83. City: **MIAMI**
84. City: **MIAMI SHORES FL** 85. Zip Code: **33138**

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 fee if applicable) (2011 Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THEEN, HERMAN J.	
STREET ADDRESS	1700 NW NO. RIVER DR. 806	
CITY - ST - ZIP	MIAMI, FL 33125	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	THEEN, DUNA G.	
STREET ADDRESS	1700 NW NO. RIVER DRIVE 806	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	PST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	10611 NE 10 PLACE	
1.4 CITY - ST - ZIP	MIAMI SHORES FL 33138	
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		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment, with an address.

SIGNATURE: *Herman J. Theen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **HERMAN J. THEEN**
Date: **1/29/96** (305) 547-1633

CR2E034 (12/95)