FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00							FILED		
PROFIT CORPORATION ANNUAL REPORT 1998			FLORIDA DEPART Sandra B. Secretary DIVISION OF CO		Mortham of State		,	Jan 20 1998 8:00am	l
								Secretary of State	
DOCUI 1. Corporatio	MENT # G54	655	(7)	n					
	ARINE SYSTEMS, INC.								
Principal Plac	e of Business	Mailir	ng Address	- 4				-  1.1802111.0805 021115.00100.01747.021016.0457.01011.05747.01011.01747.01011	
% DAVID A			AVID A, KOENIG						
			NW 73RD ST #I FL 33150	~				DO NOT WRITE IN THIS SPACE	
				·				3. Date incorporated or Qualified	
2 Principal D	lace of Business	29 14	ailing Address	5;				08/18/1983  4. FEI Number   Applied For	
21 PHINCIPAL P	iace of Dustriess	26	amily Address	7 18				4. FEI Number Applied For S9-2335484 Not Applied	
Suite, Apt.	#, etc.		ite, Apt. #, etc.	-				5 Certificate of Status Desired S8.75 Additional	
22 City & Stat		27	ty & State					Fee Required	
23	6	28	ty di State	~				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees	
Zip	Country	Z);	p		ountry			8. This corporation owes or has paid the current year Intangible	
24	9. Name and Address of	29   Current Register	ed Agent	30	T			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
KC	DENIG, DAVID A.	<u> </u>	- riguin	H	81	Name		To really and real real real real real real real real	-
	0 N W 73 ST				82	Street	Addres	ess (P.O. Box Number is Not Acceptable)	
ML	AMI FL 33150				83				
					84	City		FL 85 Zip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 6 egistered agent, or both, in the m familiar with, and addition the	07,0502 and 607. e State of Florida. e obligations of, S	1508, Florida Statu Such change was ection 607,0505, F	ites, the authoriz Iorida St	above ed by atutes	⊢named the corp	corpoi	oration submits this statement for the purpose of changing its register on's board of directors. I hereby accept the appointment as registere	red d
SIGNATURE	- //La	<u> </u>						1/5/98	_
12.	Signature, typed or printed name of region OFFICE	fered agent and bile if ap		TE: Registe		nt signature	required	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TUTLE	PD		DELETE	1.1	TITLE			_ Change _ Add	ition
NAME	KOENIG, DAVID A.				NAME				
STREET AODRESS CITY-ST-ZIP	160 NW 73 ST. MIAMI FL			- 1	STREET CITY-S	ADDRESS T. 210			
TITLE	IND AND I C.		DELETE		TITLE	1 - CIF	<del>                                     </del>	Change Add	ition
NAME				2.2	NAME				
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP TITLE			DELETE		CITY-S	T-ZIP	-	Change Add	ition
NAME			<u></u> -		NAME		ļ		
STREET ADDRESS				3.3	STREET	ADDRESS	•		
CITY - ST - ZIP			DELETE		CITY-S	T- ZIP		L Change Add	itian.
TITLE NAME			- Dettelle		TITLE			L. Change L. Add	ition.
STREET ADDRESS						ADDRESS	1		
CITY-ST-ZIP				_	CITY-S	<u>- ZIP</u>	ļ	······································	
TITLE			DELETE		TITLE		1	Ll Change Ll Add	tion
NAME STREET ADDRESS					name Street	ADDRESS			
CITY-ST-ZIP					CITY-S		L		
TITLE			DELETE	- 1	TITLE			Change Addi	tion
NAME	İ			<b>6</b> 6 2	NAME		1		

6.3 STREET ADDRESS

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 trusted 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 that an address.

SIGNATURE: REDAUGEROERIG

STREET ADDRESS

SIGNATURE: