FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jul 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Secretary of State Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)G54777 MARINE TOURS, INC. Principal Place of Business Mailing Address 25 CAUSEWAY BLVD 700 PINELLAS ST SLIP 17 & 18 CLEARWATER FL 34616 DO NOT WRITE IN THIS SPACE CLEARWATER FL 34630 3. Date Incorporated or Qualified 08/19/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 7.0. BOX 3339 05-0356259 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing LEARWATER 23 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible ÜS Personal Property Tax due June 30. Yes Yes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KELLY, PAUL -700 PINELLAS ST Street Address (P.O. Box Number is Not Acceptable)
667 BAY BRANDE #6 82 APT 8 83 **CLEARWATER FL 34816** CLEARWATER 11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or constitution of the purpose of changing its registered agent. I am familiar you and office of 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 you and office obligations of, Section 607.0505, Florida Statutes. of regular J agent and title if applicable SIGNATURE ᠼ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE Change ☐ Addition TITLE 1.1 TITLE KELLEY, PAUL NAME 1.2 NAME 687 BAY ESPLANDE APT 6 STREET ADDRESS 1.3 STREET ADDRESS CLEARWATER FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE KELLEY, TRACEY 2.2 NAME 667 BAY ESPLANDE APT 6 2.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL** CITY-ST-7IP 2.4 CITY - ST - ZIP DELETE Change ___ Addition TITLE 3.1 TITLE KELLEY, HILDA NAME 3.2 NAME 320 ISLAND WAY, #502 STREET ADDRESS 3.3 STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELÈTE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

₱727-446-3238

6.4 City-st-zip

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 supplier first 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 of the

PAUL 3, Keury

STREET ADDRESS

SIGNATURE: