

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

FILED

Apr 17 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 # G58666 (0)
 1. Corporation Name
MONTEREY MARINE, INC.



Principal Place of Business 6800 SW JACK JAMES DRIVE STUART FL 34997	Mailing Address 6800 SW JACK JAMES DRIVE STUART FL 34997-6271
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3. Date Incorporated or Qualified 09/08/1983	3a. Date of Last Report 04/02/1996
4. FEI Number 59-2328784	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1196 W. Wheat Road Suite, Apt. #, etc. 22 City & State 23 Vineland, NJ Zip 24 08360	2a. Mailing Address 26 1196 W. Wheat Road Suite, Apt. #, etc. 27 City & State 28 Vineland, NJ Zip 29 08360	Country 25 USA 30 USA
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9. Name and Address of Current Registered Agent

TAMAGNI, HENRY
6800 SW JACK JAMES DRIVE
349976271 33494

10. Name and Address of New Registered Agent

81 Name
Haines, Stanley
 82 Street Address (P.O. Box Number is Not Acceptable)
4214 S.E. Centerboard Lane
 83
 84 City
Stuart
 FL 85 Zip Code
34997

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 officer, 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 in familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Stanley Haines*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/97

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	TAMAGNI, HENRY	
STREET ADDRESS	91 W FORREST GROVE ROAD	
CITY - ST - ZIP	VINELAND NJ	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HAINES, STANLEY	
STREET ADDRESS	4214 SE CENTERBOARD LN	
CITY - ST - ZIP	STUART 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1196 W. Wheat Road
1.4 CITY - ST - ZIP	Vineland, NJ 08360
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4214 S.E. Centerboard Lane
2.4 CITY - ST - ZIP	Stuart, FL 34997
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 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

Henry Mortham
 3/13/97 609 692-66

0472614

CR2E034 (9/96)