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

May 26 1998 8:00am PROFIT FLORIDA DEPARTMENT C. STATE CORPORATION Sandra B. Mórtham 🕡 Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** G85444 (9) K-D MARINES SERVICES, INC. Homes Mailing Address 11715 ORANGE GROVE BLVD. 11715 ORANGE GROVE BLVD. ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/20/1984 Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 59-2370641 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEVORE, GENE S. 2161 PALM BEACH LAKES BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 301 83 **WEST PALM BEACH FL 33409** 84 City 85 Zip Code 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 hame of registered agent and this diapplicable (NOTL: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **Change** DELETE Addition TITLE 1.1 TITLE MACLEOD, DONALD 1.2 NAME NAME 1314 STRATFORD ST. STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33414 1.4 CITY - 5T - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE MACLEOD, KIM NAME 2.2 NAME 1314 STRATFORD ST. 2.3 STREFT ADDRESS STREET ADDRESS WEST PALM BEACH FL 33414 CITY-ST-ZIP 2 4 CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change T Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City - ST - ZiP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY- \$1-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 6.1 TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

2128/00

6.4 City-st-zip

14. Thereby 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 logal 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

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address.

**FILED**