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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J31170

(0)

AMERICAN MARINE PRODUCTS, INC.

FILED
Jan 21 1997 8:00am
Secretary of State



Principal Plac	e of Business	Mailing Address			<u></u>	T TO BESTALE BEACH CHAN COUNT FROM CHANGE BEACH BOOM MICHIGAN DERSE DERSE AND COUNTY			
1790 S.W. 13TI POMPANO BEA			1780 S.W. 13TH COURT POMPANO BEACH FL 33089-4715			·			
						3. Date incorporated or Qualified 09/02/1986		te of Last R)6/1996	eport
· ·	lace of Bus ness	2a. Mailing Address				4. FEI Number			plied For
21	Au/Bit :	26	.,			59-2721726			t Applicable
Suite, Apt.	#. etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional equired
City & Stat	A	City & State				& Floring Company Floring			- `
23	V	28				Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees
Zip	Country	Zip	C	ountry		8. This corporation has liability for	intangible		
24	25	29	30] No	
	g. Name and Address of Curre	nt Registered Agent]_,		10. Name and Address of New Re	gistered /	Agent	
SUL	LIVAN, ROBERT S.			81	Name				
1790 S.W. 13TH COURT					Street Add	dress (P.O. Box Number is Not Acceptal	ole)		· · · · · · · · · · · · · · · · · · ·
PON	APANO BEACH FL 33069			82					
				83					
				84	City			85 Zip	Code
		**************************************			<u> </u>	rporation submits this statement for the	FL		
agent 1a SIGNATURE	im familiar with, and accept the oblig	gent and from thapplicable				uired when reinstating)	DATE		
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICE	CERS AND		
HILE	PT DODEST O	DELETE		1 TITLE		Vice President Jerry E. Avery		Change	Addition
NAME	SULLIVAN, ROBERT S.			2 NAME		400 Northwest 70th	* ****	***	
STREET ADORESS	2810 NE 29TH ST				ADDIE 00	Plantation, FL. 33		nue	
CITY-ST-ZIF	LIGHTHOUSE PT FL.	DELETE		4 CITY-S 1 TITLE	1 - ZIP	riantation, FD. 3.	,,,,	Change	Addition
TITLE	BATZER, BRYCE N.							Currido	LI Adulton
NAME	2263 NE 26TH ST			2 NAME	*D00000				
STREET ADDRESS	LIGHTHOUSE PT FL				ADDRESS	,			
CHY-ST-ZIP THILE	EGITTOUSE 11 1C	DELETE		4 CITY-S 1 TITLE	SI-ZIP			Change	Addition
NAME				2 NAME				Ottaingo	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			- 1	4 CITY-5					
TITLE		DELETE		1 TITLE				Change	Addition
NAME			4.	2 NAME					
STREET ADDRESS					ADDRESS				
C-TY - ST - ZIP				4 CITY-S					
TITLE		DELETE		1 TITLE				Change	Addition
NAME			5.2	2 NAME					
STREET ADDRESS			50	3 STREET	ADDRESS				
City - St - ZiP			54	4 CITY - S	T-ZIP				
TITLE		DELETE	6	1 TITLE				Change	Addition
NAME			62	2 NAME					-
STREET ADDRESS			60	3 STREET	ADDRESS				
CITY - ST - ZIP			64	4 CITY - S	T-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

STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

IER 1-13-9

954-182-1400 Davime Prone #