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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # J43650 (7) 1. Corporation Name COASTAL MARINE REPAIR, INC.							
Principal Place of		Mailing Address			I 10 DIRLO URLI OFBUO PARIO BRIOL	9)	ITAI OLDA BARK OLDIN ADDR
% DOUGLAS JAREN. II 1357 SOUTH BANANA RIVER DRIVE MERRIT ISLAND FL 32952 US		% DOUGLAS JAREN. II 1357 SOUTH BANANA RIVER DRIVE MERRIT ISLAND FL 32952 US					
				 Date Incorporated or Qualified 11/14/1986 		ast Report 27/1995	
2. Principal Plai 1	ne of Business	2a. Mailing Addre	ss		4, FEI Number 59-2746254		Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	1 1	8.75 Additional Fee Required
City & State		Oity & State		·	Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Ζηο 4]	Country 25	Zip 29	30	untry	8. This corporation has fiability fo Florida Statutes	r intangible tax uni is No	ders 199.032,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered Ager	nt
				81 Name			
	DOUGLAS, II			82 Street Ac	ddress (P.O. Box Number is Not Accepta	able)	
	BANANA RIVER DR			83			
MERRI	ISLAND FL 32952			63			
				84 City		FL 85	Zip Code
11. Pursuant to	the provisions of Sections 607,0502 and agent, or both, in the State of Florida	and 607.1508, Florida	Statutes, the about the	ove-named corp	poration submits this statement for the p	urpose of changing	g its registered office
or registere familiar with SIGNATURE.	id agent, or both, in the State of Florida i, and accept the obligations of, Sectio signative typical or printed name of regionsed agent as	n. Such change was a in 607.0505, Florida S nd title if applicable	authorized by the Statutes.	Ove-named corporation's bo	oard of directors. I hereby accept the ap	urpose of changing pointment as regis	g its registered office stered agent. I am
or registere familiar with SIGNATURE	of agent, or both, in the State of Florida i, and accept the obligations of, Section signal rectioned or printed name of regional agent a OF FICERS AND	n, Such change was a on 607.0505, Florida S ad title if applitable DIRECTORS	authorized by the statutes. (NOTH: Registere 13.	corporation's be	oard of directors. I hereby accept the ap	DATE FICERS AND DIRE	etered agent. I am
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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 early; 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: KATHY L. JAREN Kathy Z. Jaren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/1/96 407453 1885 Date Destrice Phone #

CR2E034 (12/95)