SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| DOCL | IMENT |
|------------------------------|--------------|
| Corporat | on Name |

J58929

| PFRMA | MARINE | INTERNATIONAL | . INC. |
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| Principal Place | of Business | 5 | | Ma | ailing Address | | | 1 1881118 8181 | M4181 15448 16445 | 11919 1911 9 | | DIGIT GIVET BI | O:: 418!! 189! |
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| U\$ US | | | | | 3. Date Incorpo | | alified | | te of Last | - • | | | |
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| 2. Principal Pl | | | | | Mailing Address | 0 | | 4. FEI Number | 2004 | | | | Applied For |
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| Suite, Apt i | #, etc | | | 27 | Suite, Acht #, etc | | | 5. Certificate of | Status Desi | red | X | | Required |
| City & State | | 61 | | 28 | City & State NATUL 5 | GI | | 6. Election Can Trust Fund C | | iding [| | | May Be |
| 3 NAYA Zip | 127 | Country | | 20 | Zip | Co | untry | 8. This corpora | - | ility for int | angible | | |
| 4 3 410 | 4 | | S A | 29 | 34104 | 30 | USA | Florida State | | | Yes 🗌 | No. | |
| | | and Address | of Currer | it Regis | | | | 10. Name and | Address of N | lew Regi | stered A | \gent | |
| OI / | PDV IUNI | 1.11 | | | | | 81 Name | IN KOEB | GRT | | | | |
| | ARK, JOHN | | / #AA 4A | | | | 82 Street Add | iress (P.O. Box Num | ber is Not Ac | ceptable |) | | |
| | | E PARKWAY | 1, #30-13 | iU | | | | iress (P.O. Box Num | ER | | | | |
| rı. | MYERS F | L \$3907 | | | | | 83 | | | | | | |
| | | | | | | | 84 City | | | | | 85 Zi | p Code |
| | | | | | | | Fr | MYERS | | | FL | . 3. | 3407 |
| 11. Pursuant | to the provis | ions of Section | ns 607.050 | 2 and 6 | 07.1508, Florida St | alules, the a | hove-named corr | poration submits this tion's board of direct | statement fo | or the purp | pose of o | changing | its registered |
| office or re agent Tar | eg stered ag m familiar w | jent, or both, if ith, and accep | n ine State it the oblig | or Floric ations of | da. Such change w f, Secti <mark>o</mark> n 607.0505 | as authorize , Florida Stat | n by the corporat lutes | | | | te appoi | antineoni, dio | registered |
| SIGNATURE | 4 | RA | - Š | RAL | Kodod | | TRA. | 2. | 4504 | J 36 | | | |
| SIGNATURE | | | | | /\V7L0A | <i>/L/</i> ~ | // 75/2 | - | | | | | |
| | Signature Type: | for printed name of | registered age | | if applicable | | ed Agent signature requ | ured when reinstating) | | | DATE | | |
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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 intector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 Jun 16

941-436-1990

Daytime Phone #