FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 28 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J70810 (3)

1. Corporation Name
SOUTH FLORIDA MARINE, INCORPORATED

Principal Place of Business	Mailing Address
18820 SW 311 ST. HOMESTEAD FL 33030	18820 SW 311 ST. HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1987
3a. Date of Last Report: 07/08/1994

2. Principal Place of Business	2a. Mailing Address
21 23715 SW 133RD AVE.	26 23715 SW 133RD AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PRINCETON, FLORIDA	28 City & State: PRINCETON, FLORIDA
24 Zip: 33032 25 Country: USA.	29 Zip: 33032 30 Country: USA.

4. FEI Number: 59-2817916 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ARNASON, SUZANNE C., ESQ. 1 SE THIRD AVE 2400 AMERIFIRST BLDG MIAMI FL 33131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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 _____ DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	DPT ☒ Change ☐ Addition
NAME	LYNCH, GREGORY B.	12 NAME	LYNCH, GREGORY B.
STREET ADDRESS	18820 SW 311TH ST	13 STREET ADDRESS	23715 S.W. 133 RD AVE.
CITY ST ZIP	HOMESTEAD FL	14 CITY ST ZIP	PRINCETON, FLORIDA. 33032-
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	LYNCH, LAURA B.	22 NAME	
STREET ADDRESS	18820 SW 311 ST.	23 STREET ADDRESS	
CITY ST ZIP	HOMESTEAD FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Gregory Lynch 07/23/95 305-258-1349
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0423500 FP