

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K15826** (6)

1. Corporation Name
WIBORG MARINE, INC.



Principal Place of Business: **12565 NW 7TH AVE NORTH MIAMI FL 33168**
Mailing Address: **12565 NW 7TH AVE NORTH MIAMI FL 33168**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
State, Apt. #, etc.					State, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified 02/23/1988	3a. Date of Last Report 07/20/1995
4. FFL Number 65-0030601	Applied For Not Applicable
5. Contribution of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent				81. Name	
WIBORG, JAMES 12565 NW 7TH AVE NORTH MIAMI FL 33168				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				FL 85. Zip Code	

11. Pursuant to the provisions of Sections 607.04(2) and (3) of the 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 607.04(2), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIBORG, JAMES	2. NAME	
STREET ADDRESS	1441 NE 103RD ST	3. STREET ADDRESS	
CITY, ST, ZIP	MIAMI SHORES FL	4. CITY, ST, ZIP	
TITLE	SD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIBORG, LORRIE	6. NAME	
STREET ADDRESS	1441 NE 103RD ST	7. STREET ADDRESS	
CITY, ST, ZIP	MIAMI SHORES FL	8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is true, correct, and does not qualify for the exemption stated in Section 119.07(3)(a), 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 this corporation or the receiver or transfer agent registered by or under this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of the records on an official instrument with an address.

SIGNATURE: *James A. Wiborg Pres* DATE: *1/23/96* 305 651-6602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)