FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Jan 30 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K49925 (6)THE MARINE ENTERPRISES, INC. Principal Place of Business Mailing Address 657 NW 157TH STREET 657 NW 157TH STREET MIAMI FL 33169 **MIAMI FL 33169** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/30/1988 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For Not Applicable 65-0119054 21 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing City & State \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Ζıp 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. ☐ Yes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KLINE, VICTOR 100 WEST CYPRESS CREEK ROAD STE 700 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33309 83 City Zip Code RA 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition 1.1 TITLE TITLE PD SCHMIDT, ANTHONY 1.2 NAME NAME SCHMIDT, ANTHONY P JR 11753 TERRA BELLA BLVD. 1.3 STREET ADDRESS STREET ADDRESS 11701 TERRA BELLA BLVD. **PLANTATION FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL. 33325 Change Addition DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETÉ 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE

14. I 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.

An thorup. Schmidt

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS