

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

DOCUMENT # K80925 (6)

1. Corporation Name

PLAZA MARINE CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

1200 SE CUTOFF ROAD
SUITE A
STUART FL 34994

1200 SE CUTOFF ROAD
SUITE A
STUART FL 34994

3. Date Incorporated or Qualified

04/13/1989

3a. Date of Last Report

11/09/1995

2. Principal Place of Business

2a. Mailing Address

21 1295 SE Cutoff Rd

26 1295 SE Cutoff Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Stuart FL

24 Zip 34994

25 Country USA

27 City & State

28 Stuart, FL

29 Zip 34994

30 Country USA

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. 193.03?
Florida Statutes Yes No

10. Name and Address of New Registered Agent

GUIDICE, LISA ANN
5751 SW MAPP ROAD
PALM CITY FL 34990

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

Signature typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME GUIDICE, LISA ANN
STREET ADDRESS 5751 MAPP RD. S.W.
CITY-ST-ZIP PALM CITY FL

DELETE

TITLE DVP
NAME GUIDICE, MICHAEL
STREET ADDRESS 5751 SW MAPP ROAD
CITY-ST-ZIP PALM CITY FL 34990

DELETE

TITLE DS
NAME GUIDICE, MICHAEL
STREET ADDRESS 5751 SW MAPP ROAD
CITY-ST-ZIP PALM CITY FL 34990

DELETE

TITLE DT
NAME JULIANO, HELEN
STREET ADDRESS 5835 SW MAPP ROAD
CITY-ST-ZIP PALM CITY FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

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)(k), 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 617, Florida Statutes; and that my name appears in block 12 or block 13 if changed, or on an attachment with an address.

SIGNATURE

Lisa Ann Guidice President

Lisa Ann Guidice President

7/26/96

407-220-3625

CR2E034 (3/96)