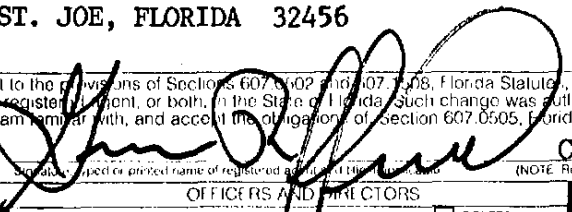
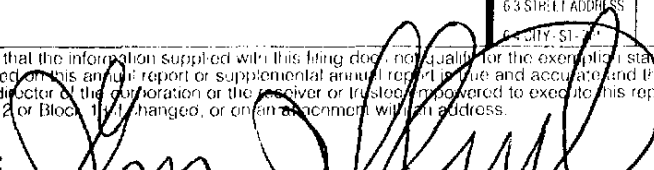


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
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1997 JUN 13 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 93-1997				FLORIDA DEPARTMENT OF STATE Sandra B. Morthant Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 607356 1. Corporation Name MOTOR VESSEL LAURA E, INC.					
Principal Place of Business P.O. BOX 309 HIGHLAND VIEW PORT ST. JOE, FL 32457		Mailing Address P.O. BOX 309 HIGHLAND VIEW PORT ST. JOE, FL 32457			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/01/1989 3a. Date of Last Report 06/28/1999 4. FEI Number 59-3060249 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 RAFFIELD, CARL EUGENE SR. 110 21ST STREET PORT ST. JOE, FLORIDA 32456			10. Name and Address of New Registered Agent 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 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, principal place of business, 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  CARL EUGENE RAFFIELD, SR. 05/23/97 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE D ☐ DELETE NAME RAFFIELD, CARL EUGENE SR. STREET ADDRESS 110 21ST STREET CITY-ST-ZIP PORT ST. JOE, FL 32456 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I do hereby certify that the information supplied with this filing document 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, unchanged, or on an attachment with an address.					
SIGNATURE: 			04/15/97 (904) 229-8229		

REINSTATEMENT

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***1410.00 ***1410.00

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