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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

•	T COAST MARINE, INC.  of Business	Mailing Address			
C/O CLIFFORD SOUIRES 2100 FLORIDA BLVD. NEPTUNE BEACH FL 32266		C/O CLIFFORD SQUIRES 2100 FLORIDA BLVD. NEPTUNE BEACH FL 32266		3 Data transported as Castificat	
				3. Date Incorporated or Qualified 12/01/1989	3a. Date of Last Report 04/14/1995
Principa! Pla	ace of Business	28. Mailing Address 26		4. FEI Number 59-2979790	Applied For
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
City & State		City & State			Fee Required
3		28		Election Campaign Financing     Trust Fund Contribution	(1) \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for int	
	25   9. Name and Address of Currer	29 Agent	[30]	Florida Statutes Yes	
			81 Name	10. Name and Address of New Rec	
HAVEN, TIMOTHY 2100 FLORIDA BLVD. NEPTUNE BEACH FL 32266			83	OCULACS, CLIFFORD  Iress (P.O. Box Number is Not Acceptable) OCUMANA BLUD  OCUMANA BLUD  OCUMANA BLUD	
1 Duro toot to	the president of Death Constitution			SYSTONE BEAUT	FL   32766
IGNATURE S	CLIFFIND Ignature typed or printed name of registered agent	Savinos 4 and title if applicable NO	as, the above-named co ad by the corporation's	rporation submits this statement for the purporation of directors. I hereby accept the appoint	FL 85 Zip Code 3 Z Z G G ose of changing its registered office trinent as registered agent. I am
ignature 8	CLIFFUND  Grande typed or printed name of registered agent  OFFICERS ANI	Strings 4 and title if applicable (NOT D DIRECTORS	by the corporation's  11 96  13.	poration submits this statement for the purpo- board of directors. I hereby accept the appoin	ose of changing its registered office itment as registered agent. I am care ERS AND DIRECTORS IN 12
IGNATURE S	CLIFFIND Ignature typed or printed name of registered agent	Savinos 4 and title if applicable NO	do by the corporation's  Let Repostered Agent signature re  13.  1.1 TITLE	board of directors. I hereby accept the appoint solvied when renstating:  ADDITIONS/CHANGES TO OFFICE	ose of changing its registered office itment as registered agent. I am
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SIGNATURE: CLIF FORD SQUIRES PROS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 904/246-1614
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