

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

FILED

Mar 10 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morton</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L53468 (9)**

1. Corporation Name  
**ANCHOR STRUCTURAL & MARINE, INC.**



Principal Place of Business <b>#1 COUNTY ROAD BIG PINE KEY FL 33043 US</b>	Mailing Address <b>#1 COUNTY ROAD BIG PINE KEY FL 33043-4807 US</b>
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3. Date Incorporated or Qualified <b>02/27/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0169693</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

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

<b>9. Name and Address of Current Registered Agent</b> <b>FEY, WAYNE D.</b> <b>321 CARIBBEAN DR. EAST</b> <b>SUMMERLAND KEY FL 33042</b>	<b>10. Name and Address of New Registered Agent</b> 81. Name <b>WAYNE D. FEY</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>20925 4TH AVE, WEST</b> <b>CUDDOE KEY,</b> 83. City <b>CUDDOE KEY FL</b> 85. Zip Code <b>33042</b>
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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 *Wayne D. Fey* **WAYNE D. FEY, President.** 03/05/97  
(Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>PST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FEY, WAYNE D</b>	1.2 NAME	
STREET ADDRESS	<b>#1 COUNTY ROAD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BIG PINE KEY FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPNICK, CHARLES</b>	2.2 NAME	
STREET ADDRESS	<b>#1 COUNTY ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BIG PINE KEY FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V.P.</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>AMASA SHERMAN</b>	3.2 NAME	
STREET ADDRESS	<b>ONE COUNTY ROAD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BIG PINE KEY, FL 33043</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Wayne D. Fey* 03/05/97 (305) 572-0668  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)