FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 11:30

DOCUMENT # **L55677** (3)

1. Corporation Name
AFTER HOURS MARINE, INC.

Principal Place of Business	Mailing Address
C/O MICHAEL MCDONALD 2380 S. W. 34TH STREET, SUITE "K" FORT LAUDERDALE FL 33312	C/O MICHAEL MCDONALD 2380 S. W. 34TH STREET, SUITE "K" FORT LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/05/1990
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business
21 3358 S.W 49 Way
Suite, Apt. #, etc.: 22 Suite 3
City & State: 23 Davie, FL
Zip: 24 33314 Country: 25 Broward

2a. Mailing Address
26 3358 S.W. 49 Way
Suite, Apt. #, etc.: 27 Suite 3
City & State: 28 Davie, FL
Zip: 29 33314 Country: 30 Broward

4. FEI Number: 65-0176214 ☐ Applied For ☐ Not Applicable

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

MCDONALD, MICHAEL
2380 S. W. 34TH STREET
SUITE "K"
FORT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3358 S.W. 49 Way; Suite 3
83
84 City: Davie FL 85 Zip Code: 33314

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☒ Change ☐ Addition
NAME	MCDONALD, MICHAEL	1.2 NAME	
STREET ADDRESS	2380 SW 34TH ST, S-K	1.3 STREET ADDRESS	3358 S.W. 49 Way; Suite 3
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	Davie, FL 33314
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	MCDONALD, MICHAEL	2.2 NAME	
STREET ADDRESS	2380 SW 34TH ST, S-K	2.3 STREET ADDRESS	3358 S.W. 49 Way; Suite 3
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	Davie, FL 33314
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: _____ 2-16-95 305-791-5788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0221100 CP