

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
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DOCUMENT # **L58994** (9)

1. Corporation Name:
S & B MARINE ENGINEERING, INC.

Principal Place of Business: % FRANK VOLINSKY 11438 ORANGE BLOSSOM LANE BOCA RATON FL 33428	Mailing Address: % FRANK VOLINSKY 11438 ORANGE BLOSSOM LANE BOCA RATON FL 33428
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/21/1990	07/31/1995
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	65-0191395	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30 Country	☒ Yes ☐ No	\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SINGER, BERNARD A. 4700 SHERICAN ST., SUITE B HOLLYWOOD FL 33021	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (DATE) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	VOLINSKY, FRANK	1.2 NAME	
STREET ADDRESS	11438 ORANGE BLOSSOM LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	VPST	2.1 TITLE	
NAME	THURMOND, MARTIN L.	2.2 NAME	
STREET ADDRESS	260 NE 44TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	VOLINSKY, FRANK	3.2 NAME	
STREET ADDRESS	11438 ORANGE BLOSSOM LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	THURMOND, MARTIN L.	4.2 NAME	
STREET ADDRESS	260 NE 44TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/96

(561) 487-1143