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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 1 58994

FILED
May 08 1997 8:00am
Secretary of State

S & B N  Principal Place FRANK VOL 11438 ORANGE	MARINE ENGINEERING, INC. e of Business INSKY E BLOSSOM LANE	Mailing Address % FRANK VOLINSKY 11438 ORANGE BLOSSOM				
BOCA RATON	FL 33428	BOCA RATON FL 33428-55	571	3. Date Incorporated or Qualified 03/21/1990	3a. Date of Last Report 08/27/1996	
2. Principal P	lace of Business	2a, Mailing Address	***************************************	4. FEI Number	Applied	For
21	4. a.b.s.	Suite, Apl. #, etc.	· · · · · · · · · · · · · · · · · · ·	65-0191395	Not App	
Suite, Apt.	₩, etc.	Suite, Api. #, etc.		6. Certificate of Status Desired	\$8.75 Addition	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May	
23		28		Trust Fund Contribution	Added to Fee	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.0 ☐ Yes ☐ No	032,
	g, Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
4700	GER, BERNARD A O SHEBICAN ST., SUITE B LYWOOD FL 33021		83	dress (P.O. Box Number is Not Acceptate	ossom La	مع
	•		84 City	ca. Raton	FL 85 Zip Code	128
		aira 607. 1300, Florida Statute	es, the andre-hanted con	rporation submits this statement for the p	sections or cubulduil are redu	stered
SIGNATURE	egistered agent, or both, in the State in familiar will a polacocot the obligation of printed name of registered agen.  OFFICERS AND	and title if applicable (NOTE	authorized by the corpora orida Statutes.  E: Registered Apent signature required.  13.	poration submits this statement for the pation's board of directors. I hereby acception when reinstating.  ADDITIONS/CHANGES TO OFFICE	4/28/97	
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NOTE	E: Regisiered Agent signature requ	uirad when reinstating)	CERS AND DIRECTORS IN	
SIGNATURE  12. THE NAME STREEL ADDRESS	Signature, typed or printed name of registered ager OFFICERS AND P VOLINSKY, FRANK 11438 ORANGE BLOSSOM LN	ol and the if applicable (NOTE) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uirad when reinstating)	CERS AND DIRECTORS IN	12
SIGNATURE  12. TITLE NAME STREEL ADDRESS CITY - ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AND P VOLINSKY, FRANK 11438 ORANGE BLOSSOM IN BOCA RATON FL	ol and the if applicable (NOTE) DIRECTORS DELETE	E: Registered Agent signature required.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uirad when reinstating)	CERS AND DIRECTORS IN	12
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/17 Dale

C561)487-1163