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Mar 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L59389 (1)  
1. Corporation Name  
NEWFLITE MARINE CORP.

Principal Place of Business

1191 MORSE BLVD  
RIVIERA BEACH FL 33404

Mailing Address

POST OFFICE BOX 1164  
JUPITER FL 33408

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 1974 N. U.S. Hwy 41	26 Suite, Apt. #, etc.	27 City & State	28 Zip
22 Suite, Apt. #, etc.	27 City & State	29 Country	30 Country
23 DUNNELLON FL 34432	28 Zip	29 Country	30 Country
24 34432	25 U.S.A	29	30

9. Name and Address of Current Registered Agent

BIVENS, JACK  
1191 MORSE BLVD  
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name	BIVENS, JACK
82 Street Address (P.O. Box Number is Not Acceptable)	1974 N. U.S. Hwy 41
83	
84 City	DUNNELLON FL
85 Zip Code	34432

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 *Jack Bivens* JACK BIVENS 3-22-98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	PT
NAME	BIVENS, JACK	1.2 NAME	BIVENS, JACK
STREET ADDRESS	1191 MORSE BLVD	1.3 STREET ADDRESS	1974 N. U.S. Hwy 41
CITY-ST-ZIP	RIVIERA BEACH FL 33404	1.4 CITY-ST-ZIP	DUNNELLON FL 34432
TITLE	S	2.1 TITLE	S
NAME	BIVENS, CYNTHIA	2.2 NAME	BIVENS, CYNTHIA
STREET ADDRESS	1191 MORSE BLVD	2.3 STREET ADDRESS	1974 N. U.S. Hwy 41
CITY-ST-ZIP	RIVIERA BEACH FL 33404	2.4 CITY-ST-ZIP	DUNNELLON FL 34432
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

CR2E034 (10/97)