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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L79364 (0)
1. Corporation Name: MARINE MEDICAL, INC.



Principal Place of Business: 1516 S FEDERAL HWY FT LAUDERDALE FL 33316 US
Mailing Address: 500 SE 17TH ST SUITE 101 FT LAUDERDALE FL 33316-2547 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date incorporated or Qualified: 06/07/1990
3a. Date of Last Report: 03/22/1996
4. FEI Number: 65-0201460
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: DOOLEY, BRUCE 500 SE 17TH ST FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent: 81 Name: Dooley, Sean; 82 Street Address: 500 SE 17th St.; 84 City: Ft. Lauderdale FL; 85 Zip Code: 33316

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: Sean Dooley (typed) / Sean Dooley (handwritten signature)
DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: DOOLEY, BRUCE	1.1 TITLE: D-S	1.2 NAME: Dooley, Bruce
STREET ADDRESS: 1493 SE 17TH ST	CITY-ST-ZIP: FT LAUDERDALE FL	1.3 STREET ADDRESS: 500 SE 17th St.	1.4 CITY-ST-ZIP: Ft. Lauderdale, Fl. 33316
TITLE: _____	NAME: _____	2.1 TITLE: Sean Dooley	2.2 NAME: Sean Dooley
STREET ADDRESS: _____	CITY-ST-ZIP: _____	2.3 STREET ADDRESS: 500 SE 17th St.	2.4 CITY-ST-ZIP: Ft. Lauderdale, Fl. 33316
TITLE: _____	NAME: _____	3.1 TITLE: _____	3.2 NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	3.3 STREET ADDRESS: _____	3.4 CITY-ST-ZIP: _____
TITLE: _____	NAME: _____	4.1 TITLE: _____	4.2 NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	4.3 STREET ADDRESS: _____	4.4 CITY-ST-ZIP: _____
TITLE: _____	NAME: _____	5.1 TITLE: _____	5.2 NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.3 STREET ADDRESS: _____	5.4 CITY-ST-ZIP: _____
TITLE: _____	NAME: _____	6.1 TITLE: _____	6.2 NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	6.3 STREET ADDRESS: _____	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: Sean Dooley (handwritten signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____
DATE: _____ DAYTIME PHONE #: _____

CR2E034 (9/96)