

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 2: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L85002** (8)

1. Corporation Name  
**KILLIAN MARINE, INC.**

Principal Place of Business <b>2389 NE 30TH COURT SUITE 360 LIGHTHOUSE POINT FL 33064</b>	Mailing Address <b>2389 NE 30TH COURT SUITE 360 LIGHTHOUSE POINT FL 33064</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/03/1990</b>	3a. Date of Last Report <b>04/08/1994</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 2871 NE 30 ST</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28 LIGHTHOUSE PT, FL</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29 33064</b>	Country <b>30 BROWARD</b>

4. FEI Number <b>65-0224361</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This corporation has liability for intangible tax under S. 199.032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BAGDASARINA, RICHARD C.  
2424 NORTH FEDERAL HWY  
SUITE 360  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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

Signature of Registered Agent (Printed Name)

Signature of Registered Agent (Printed Name)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME <b>S KILLIAN, JANIE C 2389 N.E. 30TH COURT LIGHTHOUSE PT. FL</b>
12.2 NAME <b>D KILLIAN, GRANT 2389 N.E. 30TH COURT LIGHTHOUSE PT. FL</b>
12.3 NAME
12.4 NAME
12.5 NAME
12.6 NAME
12.7 NAME
12.8 NAME
12.9 NAME
12.10 NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME <b>2871 NE 30 ST</b>
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP <b>2871 NE 30 ST</b>
13.5 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, ST, ZIP
13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY, ST, ZIP
13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.021(5)(b), Florida Statutes. I further certify that the information included 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 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Janie C. Killian*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JANIE C. KILLIAN**

4-28-95 305-786-9000