FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

6605 38TH AVE CIR W



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99025

(3)

GLOBAL MARITIME POWER, INC.

Mailing Address

6605 38TH AVE CIR W
BRADENTON FL 34209-7600
US

3. Date Incorporated or Qualified 03/12/1996

FILED

Mar 04 1997 8:00am

Secretary of State

| BRADENTON FL 34209 | | | BRADENTON FL 34209-7600 | | · | | |
|---------------------------|---|--|--|---|--|------------------------------------|------------------------------------|
| US | | US | | | 3. Date Incorporated or Qualified 09/07/1990 | 3a. Date of Las 03/12/199 | · ' |
| 2. Principal F | lace of Business | 2a. Mailing Address | 2a. Mailing Address | | | | Applied For |
| 21 | | 26 | 26 | | 59-3027652 | | Not Applicable |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. | h | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State 23 | | City & State | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | Country | Country Zip | | / | 8. This corporation has liability for intangible tax under s. 199.032, | | |
| 24 | 25 | 29 | 30 | | Florida Statutes Yes No | | |
| | rent Registered Agent | | 10. Name and Address of New Registered Agent | | | | |
| PFR | SSON, ROLF | | 81 | Name | | | |
| 6605 38TH AVE CIR W | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| BRADENTON FL 34209 | | | | | ress (P.O. Box Number is Not Acceptab | | |
| | | | 83 | | | | |
| | | | B4 | City | | FL 85 2 | Zip Code |
| office or r agent. La | egistered agent, or both, in the St | 0502 and 607.1508, Florida Statuti ate of Florida. Such change was a oligations of, Section 607.0505, Flo | authorized b | y the corporat | poration submits this statement for the p tion's board of directors. I hereby accep | urpose of changing the appointment | ng its registered as registered |
| SIGNATURE | Stignative Type Live printed Game of registerio | NOT | F Registered An | ant signature requi | red when reinstating) | DATE | |
| 12. | | AND DIRECTORS | 13. | on algrenate rego | ADDITIONS/CHANGES TO OFFIC | | ORS IN 12 |
| Title | M | ☐ DELETE | 1.1 TH LE | | | Chan | |
| NAME | PERSSON, ROLF B | | 1,2 NAME | | | | - |
| STREET ADDRESS | 6605 38TH AVE CIR W | | | T ADDRESS | | | |
| City-St-ZiP | BRADENTON FL | | 1,4 CITY - | , | | | · · |
| THLE | DELETE | | 2.1 TITLE | | | Chan | ge Addition |
| NAME | | | 2.2 NAME | | | | • |
| STREET ADDRESS | | | | T ADDRESS | | | |
| C(1Y - S) - ZIP | | | 2. 4 CITY-ST-ZIP | | | | |
| TILLE | | T DELETE | 3.1 TITLE | 31-211 | | Chan | ge Addition |
| NAMÉ | | Name of the last o | 3.2 NAME | - | | | |
| STREET ADDITESS | | | | T ADDRESS | | | |
| | | | 3.5 SINCE | | | | |
| CHY+S1+ZIP Tifle | | DELETE | 4.1 TITLE | 31-217 | | Chan | ge Addition |
| NAME | | hand women to | 4.2 NAME | 1 | | | D. Street Constituting |
| STREET ADDRESS | | | • | T ADDRESS | | | |
| · | | | | | | | |
| CITY+ST+ZIF THLF | | DELETE | 44 CITY- 51 TITLE | 91-tlk | | ☐ Chan | ge Addition |
| NAME . | | | 52 NAME | | | | |
|) | | | 1 | T ADDRESS | | | |
| STREET ACIDRESS | | | | | | | |
| CITY - ST - 7:31 | | DELETE | 54 C/TY - 6.1 T/TLE | S1 - ZIP | | ☐ Chan | ne Addition |
| | | □ bttt# | | | | L. Cilan | ige [] Nocillon |
| NAME | | | 6.2 NAME | | | | |
| STREET ACIDRESS | | | 6 3 STREE | T ADDRESS | | | |

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indecated 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 exercise 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 altrachment with an address.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Felovory 18-97 941 798 6