CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 9:03

DOCUMENT # M56419 (8)

1. Corporation Name
MARINE INDUSTRIES, INC.

Principal Place of Business	Mailing Address
C/O NORMAN SAMUELS, M.D. ~~5975 W. SUNRISE BLVD #105~~ ~~SUNRISE FL 33313~~	C/O NORMAN SAMUELS, M.D. ~~5975 W. SUNRISE BLVD #105~~ ~~SUNRISE FL 33313~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/30/1987	04/21/1994

2. Principal Place of Business	2a. Mailing Address
21 c/o NORMAN SAMUELS MD	26 c/o NORMAN SAMUELS MD
Suite, Apt. #, etc 22 17 CASTLE HARBOR ISLE DR	Suite, Apt. #, etc 27 17 CASTLE HARBOR ISLE DR
City & State 23 FORT LAUDERDALE FL	City & State 28 FORT LAUDERDALE FL
Zip / Country 24 33308 / 25	Zip / Country 29 33308 / 30

4. FEI Number
59-2829705
☐ Applied For
☐ Not Applicable

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	10. Name and Address of New Registered Agent
KRAMER, ROBERT M. 4000 HOLLYWOOD BLVD. SUITE 485 S. HOLLYWOOD FL 33021	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	PTD ☒ Change ☐ Addition
NAME	SAMUELS, NORMAN M.D.	12 NAME	SAMUELS, NORMAN MD
STREET ADDRESS	5975 W.SUNRISE #105	13 STREET ADDRESS	17, CASTLE HARBOR ISLE DR
CITY ST ZIP	SUNRISE FL	14 CITY ST ZIP	FORT LAUDERDALE FL 33308
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 added to the report or on an attachment with an address.

SIGNATURE: N. SAMUELS PRES. 3-26-95 305 5930501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0221794 CP