

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M61430 (8)

1. Corporation Name

KAHN'S MARINE SERVICE, INC.



Principal Place of Business

Mailing Address

C/O WILLIAM S. KAHN
115 FEDERAL HWY BOX 1232
LAKE PARK FL 33403

C/O WILLIAM S. KAHN
115 FEDERAL HWY BOX 1232
LAKE PARK FL 33403

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 PO Box 12399
27 115 Federal Hwy

23 City & State

28 Lake Park FL

24 Zip Country

29 33403 30 USA

3. Date Incorporated or Qualified
10/26/1987

3a. Date of Last Report
03/31/1995

4. FEI Number

65-0008387

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

KAHN, WILLIAM S.
115 FEDERAL HWY
LAKE PARK FL 33403

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 607.0602 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

Claudia A. Kahn

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KAHN, WILLIAM S.
STREET ADDRESS 115 FEDERAL HWY
CITY- ST- ZIP LAKE PARK FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

Vice Pres
William S Kahn

Change Addition

TITLE VP
NAME KAHN, CLAUDIA A.
STREET ADDRESS 115 FEDERAL HWY
CITY- ST- ZIP LAKE PARK FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

Pres
Claudia A Kahn

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Claudia A. Kahn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

Date

407-863-5132

Daytime Phone #

CR2E034 (12/95)