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PROFIT CORPORATION ANNUAL REPORT

1997

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**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 12 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M72514

(6)

FLORIDA MARINE SUPPLIES, INC.

	. of Oucinoec		Mailing Addre	200					ni mimii mikit	
Principal Place of Business 5106 CHARLEMAGNE ROAD			5106 CHARLEMAGNE ROAD							
JACKSONVILLE FL 32210			JACKSONVILLE FL 32210-0168							
							3. Date Incorporated or Qualified 03/11/1988	1	e of Last Re 9/1996	eport
2. Principal Pi	ace of Busin	ess	2a. Mailing Ad	ddress		***********	4. FEI Number		Ap	plied For
21			26			59-2882727			t Applicable	
Suite, Apt. #, etc			Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75		
22 City & State			Crtv & Stat	+^				<del></del>	Fee Re	
	1		28	ie			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
<b>23</b> ] Zip		Country			Country		8. This corporation has liability for			
24	r,	25	29		30			Yes		199.002,
<u></u>		and Address of Curre			100		10. Name and Address of New Re	egistered A	gent	
WIS	ON, RALPI	1 B., JR.			81	Name				
5106 CHARLEMAGNE ROAD JACKSONVILLE FL 32210				83		Stroot Ad	t Address (P.O. Box Number is Not Acceptable)			
						SHEEL AU				
					83					
					84	City			85 Zip (	Code
						,		FL	1 1 .	
11. Pursuant t	to the provisi	ons of Sections 607.05	502 and 607.1508, Flo	orida Statut	es, the abov	e-named co	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of o	changing it	s registered
	egisteren ag	uni, or boin, myre star In⊿anchaccent the obli	gations of, Section 6/	107.0505. Fk	orida Statute	y me corpor S.	alion's board of directors, Thereby acce	thr rue athbo	IIIIIII CHI QS	registered
office or n agent. Lar	in iaphilal wi	7 7 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
	all	1500M	.= ,							
SIGNATURE	tus	of printed name of registered a	igent and title if applicable.		E: Registered Ag		quired when reinstating)	DATE	DIDECTOR	0.00
SIGNATURE	Styratore, Josef	of printed name of registered a	igent and title if applicable.  ND DIRECTORS	(NOT)	£: Registered Ag			CERS AND		-
SIGNATURE  12.  IIIU	Step alone protest	of prints of name of registered a OFFICERS AI	igent and title if applicable.  ND DIRECTORS		E: Registered Ag		quired when reinstating)	CERS AND	DIRECTOR Change	-
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SIGNATURE  12.  THE NAME STREET ADDRESS	D WILSON, 5108 CH/	OFFICERS A OFFICERS A RALPH B., JR. VRLEMAGNE RD.	igent and title if applicable.  ND DIRECTORS	(NOT)	E Registered Ag  13.  1.1 TITLE  1.2 NAME  1.3 STREE	ent signature req	quired when reinstating)	CERS AND		-
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