

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # M80671 (4)
 1. Corporation Name

MARINE ELECTRICAL POWER SYSTEMS, INC.



Principal Place of Business: **11232 2 ST JOHNS INDUSTRIAL PKWY JACKSONVILLE FL 32216**
 Mailing Address: **11232 2 ST JOHNS INDUSTRIAL PKWY JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified: **05/09/1988**
 3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **1732 ST JOHNS BLUFF RD**
 2a. Mailing Address: **1732 ST. JOHNS BLUFF RD**

4. FEI Number: **59-2886577**
 Applied For:
 Not Applicable:

22. Suite, Apt # etc: **RD**
 27. Suite, Apt # etc: **RD**

5. Certificate of Status Desired:
\$8.75 Additional Fee Required

23. City & State: **JACKSONVILLE FL**
 28. City & State: **JACKSONVILLE FL**

6. Election Campaign Financing Trust Fund Contribution:
\$5.00 May Be Added to Fees

24. Zip: **32246** Country: **USA**
 29. Zip: **32216** Country: **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SMITH, PARKER
 13000 SAWGRASS VILLAGE CIR
 STE 16
 PONTE VEDRA BCH FL 32082**

10. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when changing office or registered agent.) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TARBOX, NATHANIEL I	
STREET ADDRESS	14750 BEACH BLVD #9	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TARBOX, MARY ANN	
STREET ADDRESS	14750 BEACH BLVD #9	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TARBOX, NATHANIEL I	
STREET ADDRESS	14750 BEACH BLVD., #9	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13-I changed, or on an attachment with an address.

SIGNATURE: **NATHANIEL I TARBOX** **6/10/96**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)