

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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *M 81174*

1. Corporation Name *Marine Management, Inc.*

Principal Place of Business *24777 S.W. 87th Ave.*
Miami, FL 33032

Mailing Address

2. Principal Place of Business	2a. Mailing Address
21. <i>N/A</i>	2a. <i>Same</i>
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State <i>Miami, FL</i>	27. City & State
24. Zip <i>33032</i>	28. Zip
25. Country <i>Dade</i>	29. Country
30. Country	

3. Date Incorporated or Qualified <i>5-18-88</i>	3a. Date of Last Report <i>8-30-96</i>
4. FEI Number <i>65-0055482</i>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DAVID E GRAHAM
1760 N.E. 1st St.
Fort Lauderdale, FL 33301

10. Name and Address of New Registered Agent

81. Name *N/A - Same*

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 607.0508, 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 *David E Graham* DATE *2-14-97*

12. OFFICERS AND DIRECTORS

TITLE <i>D/P</i>	NAME <i>Tamea L Behrendt</i>	DELETION <input type="checkbox"/>
STREET ADDRESS <i>1760 NE 1st St.</i>		
CITY-STATE-ZIP <i>FL 33301</i>		
TITLE <i>V.P.</i>	NAME <i>DAVID E Graham</i>	DELETION <input type="checkbox"/>
STREET ADDRESS <i>1760 NE 1st St.</i>		
CITY-STATE-ZIP <i>FL 33301</i>		
TITLE <i>VP</i>	NAME <i>Scott D Roth</i>	DELETION <input type="checkbox"/>
STREET ADDRESS <i>1470 NE 123rd St # 701</i>		
CITY-STATE-ZIP <i>N Miami FL 33161</i>		
TITLE	NAME	DELETION <input type="checkbox"/>
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	NAME	DELETION <input type="checkbox"/>
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	NAME	DELETION <input type="checkbox"/>
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: *Tamea L Behrendt* DATE *2-14-97* DAYTIME PHONE: *305-258-3500*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)