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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **M90499** (8)
1. Corporation Name
PATIENCE II SEA MARINE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
% BRIAN C. DEUSCHLE, ESQ. 888 SE 3RD AVENUE, SUITE 300 FT LAUDERDALE FL 33316		% BRIAN C. DEUSCHLE, ESQ. 888 SE 3RD AVENUE, SUITE 300 FT LAUDERDALE FL 33316	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 800 SE 3rd Avenue	26 800 SE 3rd Avenue	07/21/1988	02/10/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22 Suite 500	27 Suite 500	65-0068244	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Fort Lauderdale, FL	28 Fort Lauderdale, FL	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24 33316	25 USA	29 33316	30 USA

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DEUSCHLE, BRIAN C DEUSCHLE & ASSOCIATES, P.A. 888 SE 3RD AVENUE, SUITE 300 FT LAUDERDALE FL 33316		81 Name Brian C. Deuschle, Esquire	
		82 Street Address (P.O. Box Number is Not Acceptable) Deuschle & Associates, P.A.	
		83 800 SE 3rd Avenue, Suite 500	
		84 City Fort Lauderdale FL 85 Zip Code 33316	

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 the # of application (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MCELIS, JUNE E.
STREET ADDRESS	21 COMPASS RD.
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	June E. Watkins
13 STREET ADDRESS	1050 Seminole Drive, Apt. 3C
14 CITY - ST - ZIP	Fort Lauderdale, FL 33304
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 110.07(3)(b), 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: *June McNeilis* JUNE MCELIS 2/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR