File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR 13 AM 11: 18 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT #** M9700000523 of Limited Liability Company 1a. Principal Place of Business Address COASTAL MARITIME SERVICES, LLC 26 SECOND AVENUE, S.W. 8521 MARITIME STREET MOULTRIE GA 31768 JACKSONVILLE FL 32226 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 08/18/1997 GA Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 58-2293157 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country Zip \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office SHERK, DOUGLAS G Ruth LeConte Street Address (P.O. Box Number is Not Acceptable) 6971 Heritage Drive 1418 WALDON OAKS PLACE PLANT CITY FL 33564 Suite, Apt. #, etc. City Zip Code Port Saint Lucie. 34952 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statetes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. DATE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature (gnilatanier nerw her 10. Thie Managing Members/Managers **Business Street Address** City, State and Zip Code MGR MONGNO, VINCENT 251 NORTH AVENUE WEST WESTFIELD NJ 100002491291---\$ -04/16/98--01114--021 ****188.75 ****188.75 AL APR 1 4 1900

11. 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. If further certify that the information indicated on this annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or moster empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

VINCONT HONGNO

3/30/98 908-654-7901