FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 11:40

DOCUMENT # P05940 (2)

1. Corporation Name
E & B MARINE SUPPLY (FLORIDA) INC.

Principal Place of Business	Mailing Address
201 MEADOW ROAD EDISON NJ 08817-6002	201 MEADOW ROAD EDISON NJ 08817-6002

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/08/1985
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 22-2473044 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	1.1 TITLE	Pres	☑ Change ☐ Addition
NAME	PESKIN, KENNETH G.	1.2 NAME		
STREET ADDRESS	31 WOODMERE CIR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMIT NJ	1.4 CITY-ST-ZIP	Summit, NJ 07901	
TITLE	CEO	2.1 TITLE		☑ Change ☐ Addition
NAME	EUGSTER, JACK W.	2.2 NAME		
STREET ADDRESS	7500 EXCELSIOR BLVD.	2.3 STREET ADDRESS	Please Delete	
CITY-ST-ZIP	MINNEAPOLIS MN	2.4 CITY-ST-ZIP		
TITLE	AT	3.1 TITLE	Treasurer + VP	☑ Change ☐ Addition
NAME	MARTINEZ, WALFRIDO	3.2 NAME		
STREET ADDRESS	1425 45TH ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH BERGEN NJ	3.4 CITY-ST-ZIP	North Bergen NJ 07047	
TITLE	VS	4.1 TITLE	Sec'y + VP	☑ Change ☐ Addition
NAME	DEFONTE, ROBERT G.	4.2 NAME		
STREET ADDRESS	12 WINDSEPT ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	HAMDEL NJ	4.4 CITY-ST-ZIP	Holmdel, NJ 07733	
TITLE	CT	5.1 TITLE		☑ Change ☐ Addition
NAME	KROON, RICHARD E.	5.2 NAME		
STREET ADDRESS	140 BROADWAY	5.3 STREET ADDRESS	Please Delete.	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP		
TITLE	P	6.1 TITLE	VP	☑ Change ☐ Addition
NAME	LEAR, EUGENE R.	6.2 NAME		
STREET ADDRESS	84 PROSPECT HILL AVE.	6.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMIT NJ	6.4 CITY-ST-ZIP	Summit, NJ 07901	

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)(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: _____ 1/19/95 908-819-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478010 FP