## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # P07370 (0)

LUCENTI MARINE SALES, INC.

LUCE	nti marine sales, inc						
Principal Place of	of Business	Mailin	g Address				1 16411561 111 GBITE 18558 HILL ESSU SAN SIDIL STEIL BIDIL DIDIL GEN DAN GEN DAN
5613 RIDGEWOOD AVENUE 5613 RIDGEWOOD AVEN PORT ORANGE FL 32127 PORT ORANGE FL 32127							
							3. Date Incorporated or Qualified
2. Principal Plac	ce of Business	·	2a. Mailing Address 26				4. FEI Number Applied For 55-0451435 Not Applicable
Suite, Apt. #	, etc.	Sı	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23		28	<del> </del>				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Zip Coul				8. This corporation has liability for intangible tax under s 199.032,
24	25 29		30				Florida Statutes Yes No
	9. Name and Address of Curre	nt Register	ed Agent				10. Name and Address of New Registered Agent
					81	Name	
	iti, john V. Ridgewood avenue		8:			Street Ad	ddress (P.O. Box Number is Not Acceptable)
	ORANGE FL 32127				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  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS A	ND DIRECTO	RS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		☐ DELETE	1.11	ITLE		☐ Change ☐ Addition
NAME	LUCENTI, JOHN V.			1.2 N	AME		
STREET ADDRESS	4259 CARDINAL BLVD			1.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL				1.4 CITY-ST-ZIP		
TITLE	\$		DEFELE		2. 1 TITLE		Change Addition
NAME	LOLLAR, BETTY M.	_		2.2 N	AME		
STHEET ADDRESS	2090 W ATMORE CIRCLE	•		238	TREET	ADDRESS	
CHTY - ST - ZIP	DELTONA FL		F165.576			ST-ZIP	- Change Addition
TITLE			DELETE	3.17			-: C Change C Addition
NAME				321		T ADDRECC	
STREET ADDRESS					-	I ADDRESS	
CITY-ST-ZIP TITLE			DELETE	4 1		ST-ZIP	☐ Change ☐ Addition
-			F-3	421			
NAME STREET ADDRESS						r Address	
CITY-ST-ZIP						ST-ZIP	
TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE		TITLE	-	Change Addition
NAME				5.2 N	AME		
STREET ADDRESS				5.3 5	TREET	ADDRESS	
CITY-ST-ZIP				5.4 0	ITY-5	ST-ZIP	
TIFLE			☐ DELETE	_	TITLE		Change Addition
NAME				6.2 N	iAME		
STREET ADDRESS				6.3 9	TREET	T ADDRESS	
CITY-S1-ZIP				640	OTY-S	ST - 21P	

14. Ido 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTO

Daytime Phone ≰

CR2E034 (12/95)