

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P12788 (6)
1. Corporation Name
AMERICAN MARINE HOLDINGS, INC.

Principal Place of Business
1520 S. SUNCOAST BLVD.
HOMOSASSA FL 32646
US

Mailing Address
7110 21ST ST E
SARASOTA FL 34243
US



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/08/1987 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-2745631 | |
| 22 | City & State | 27 | City & State | Applied For Not Applicable | |
| 23 | Zip | 28 | Zip | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 | Country | 29 | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent THE PRENTICE HALL CORP. SYSTEM INC 1201 HAYS STREET SUITE 105 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 |
| | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|------------------------------------|
| TITLE | CD | 1.1 TITLE | CD |
| NAME | RANIERI, LEWIS A. | 1.2 NAME | |
| STREET ADDRESS | 50 CHARLES LINDBERGH BLVD, STE 500 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | UNIONDALE NY | 1.4 CITY-ST-ZIP | |
| TITLE | VP | 2.1 TITLE | D |
| NAME | SPENCER, DONALD M | 2.2 NAME | RANIERI, S. |
| STREET ADDRESS | DONZI MARINE, 7110 21ST ST EAST | 2.3 STREET ADDRESS | 50 CHARLES LINDBERGH BLVD, STE 500 |
| CITY-ST-ZIP | SARASOTA FL | 2.4 CITY-ST-ZIP | UNIONDALE, NY |
| TITLE | EVD | 3.1 TITLE | D |
| NAME | WILSON, KENDRICK R III | 3.2 NAME | |
| STREET ADDRESS | ONE ROCKEFELLER PLAZA | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY | 3.4 CITY-ST-ZIP | |
| TITLE | EVD | 4.1 TITLE | CD |
| NAME | KIMMEL, LEE H | 4.2 NAME | |
| STREET ADDRESS | 400 PARK AVENUE, 22ND FLOOR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY | 4.4 CITY-ST-ZIP | |
| TITLE | VCD | 5.1 TITLE | D |
| NAME | ATWOOD, DANIEL R | 5.2 NAME | GINSBURG, A. |
| STREET ADDRESS | 1520 SO SUNCOAST BOULEVARD | 5.3 STREET ADDRESS | 7110 21ST STREET EAST |
| CITY-ST-ZIP | HOMOSASSA FL | 5.4 CITY-ST-ZIP | SARASOTA, FL. |
| TITLE | P | 6.1 TITLE | S |
| NAME | COLLINS, MIKE | 6.2 NAME | BRANDT, LAURA |
| STREET ADDRESS | DENZA MARINE, 7110 21ST ST E | 6.3 STREET ADDRESS | 50 CHARLES LINDBERGH BLVD, STE 500 |
| CITY-ST-ZIP | SARASOTA FL | 6.4 CITY-ST-ZIP | UNIONDALE, NY |

14. I 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: *Mike Collins* MIKE COLLINS 4/30/98 941-755-7790

CR2E034 (10/97)