

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90014 001 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P36450
 Corporation Name

RED DOG MARINE, INC.



Principal Place of Business: RIVER DRIVE, TEQUESTA FL 33469
 Mailing Address: 55 RIVER DRIVE, TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/26/1991	
4. FEI Number 65-0201232	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent WESTHOFF, THOMAS F. 55 RIVER DRIVE TEQUESTA FL 33469		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

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.

NATURE		(NOTE: Registered Agent signature required when reinstating)		DATE
SIGNATURE, typed or printed name of registered agent and title if applicable.				
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
T-ADDRESS	P WESTHOFF, THOMAS F. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T-ZIP	55 RIVER DRIVE	1.2 NAME		
	TEQUESTA FL	1.3 STREET ADDRESS		
		1.4 CITY-ST-ZIP		
T-ADDRESS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T-ZIP		2.2 NAME		
		2.3 STREET ADDRESS		
		2.4 CITY-ST-ZIP		
T-ADDRESS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T-ZIP		3.2 NAME		
		3.3 STREET ADDRESS		
		3.4 CITY-ST-ZIP		
T-ADDRESS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T-ZIP		4.2 NAME		
		4.3 STREET ADDRESS		
		4.4 CITY-ST-ZIP		
T-ADDRESS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T-ZIP		5.2 NAME		
		5.3 STREET ADDRESS		
		5.4 CITY-ST-ZIP		
T-ADDRESS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T-ZIP		6.2 NAME		
		6.3 STREET ADDRESS		
		6.4 CITY-ST-ZIP		

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 located 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 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 Block 12 or Block 13 unchanged, or on an attachment with an address.

NATURE: *THOMAS F. WESTHOFF* 9/1/99 561 744 3836

CR2E034 (5/99)