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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P39983

(2)

FILED	
Apr 18 1997 8:00am	1
Secretary of State	

MARINE	E SPECIALITIES GROUP, INC	14			
Principal Place of Business Mailing Address  96 WILLARD STREET 3413 EASTERN AVE. SE STE 201 GRAND RAPIDS MI 49509-2406 COCOA FL 32922 US			2406	T 198111991 COE SISSE VENDE 19497 78198 TISS BEEST BLANK BURN BURN BURN BEEST BEEST BURN BURN BURN BURN BURN BURN BURN BURN	
US				· · · · · · · · · · · · · · · · · · ·	Date of Last Report
2. Principal F	Place of Business	2a. Mailing Address		08/10/1992 4. FEI Number	03/05/1996 Applied For
21		26		38-1460927	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		8. Certificate of Status Desired []	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intang	
24	25		30	Florida Statutes Yes	
<u> </u>	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registe	red Agent
	NOLD, PATRICK H		81 Name		
	WILLARD STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable)	·····
	ITE 201		83		<del></del>
CO	COA FL 32922				į
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sactions 607 0502	and 607 1508. Florida Stetuto	es the above-named corr		
office or	registered agent, or both, in the State of	of Florida Such change was a	ultiorized by the corpora	poration submits this statement for the purpostion's board of directors. I hereby accept the	appointment as registered
1	am lamiliar with, and accept the obliga	tions of, Section 607.0505, Fig	nida Statutes.		
SIGNATURE	Signalura, typed or printed name of registered agen	I and title if applicable (NOTE	: Registered Agent signature requi	ired when reinstating) DA	£
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	C	☐ DELETE	1 1 TITLE	-	Change Addition
NAME	WOOD, ROBERT H.		1.2 NAME		
STREET ADORESS			1.3 STREET ADDRESS		ļ
CITY-ST-ZIP	GRAND RAPIDS MI		1.4 CITY - \$1 - ZIP		
TITLE	DP	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KAISER, CHARLES T.		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		į
CITY-ST-ZIP	GRAND RAPIDS MI		2.4 CITY-ST-ZIP		
TITLE	D DAVID M	☐ DEL€TE	3.1 TITLE	•	··· Change
NAME	HECHT, DAVID M.		3.2 NAME		ļ
STREET ADDRESS	333 BRIDGE ST NW, STE 330 GRAND RAPIDS MI		3.3 STREET ADDRESS		
CITY-ST-ZIP	VSTD VSTD	DELETE	3 4. CITY - ST - ZIP 4.1 TITLE		Change Addition
TITLE	BUUNK, LEONARD	L_J DELETE	<b>a</b> 1		☐ Charige ☐ Addition
NAME PARTE ADDRESS	A LAG BAGTERNA ALEKANO OF		4. 2 NAME		ļ
STREET ADDRESS	GRAND RAPIDS MI		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	AISTID IVI IDO ITI	DELETE	4.4 CITY- ST- ZIP 5.1 TITLE		Change Addition
NAME		<u></u>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE	<del> </del>	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		<b>—</b> ·	6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
			6.4 CITY-ST-ZIP		
CITY - ST - ZIP					

14. 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. I further certify that the information indicated on this innual 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.

CIONATURE.

HANNING HI OWILLIA Brown

2/20/00

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