FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P93000003997 (2)

1. Corporation Name

FLORIDA GOLD MARINE, INC.

Principal Place of Business	Mailing Address
C/O MICHAEL STEVEN GREENE. ESQ 201 S. BISCAYNE BLVD. #900 MIAMI FL 33131	C/O MICHAEL STEVEN GREENE. ESQ 201 S. BISCAYNE BLVD. #900 MIAMI FL 33131

3. Date Incorporated or Qualified: 01/12/1993
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business	2a. Mailing Address
21 526 N.E. 17th Avenue	26 526 N.E. 17th Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Fort Lauderdale, FL	City & State 28 Fort Lauderdale, FL
Zip 24 33301 / Country 25 Broward	Zip 29 33301 / Country 30 Broward

4. FEI Number: 65-0392280 ☐ 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

GREENE, MICHAEL S
201 S BISCAYNE BLVD. #900
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Tim D. Miller
82 Street Address (P.O. Box Number is Not Acceptable): 526 N.E. 17th Avenue
83
84 City: Fort Lauderdale FL 85 Zip Code: 33301

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] DATE 04/24/96

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

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	SCHALK, MICHAEL	
STREET ADDRESS	C/O 808 N.E. 20 AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	ST	☒ DELETE
NAME	PLAVIN, STEPHEN	
STREET ADDRESS	C/O 808 N.E. 20 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	V	☒ DELETE
NAME	MILLER, TIMOTHY	
STREET ADDRESS	808 N.E. 20 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☐ Change ☒ Addition
1.2 NAME	Len Stuart	
1.3 STREET ADDRESS	Paradise Island Drive	
1.4 CITY-ST-ZIP	Paradise Island, Nassau, Bahamas	
2.1 TITLE	VP/D	☐ Change ☒ Addition
2.2 NAME	Frank Fish	
2.3 STREET ADDRESS	110 Lombard Street	
2.4 CITY-ST-ZIP	Toronto, Ontario M5C 1M3 Canada	
3.1 TITLE	S/T/D	☒ Change ☐ Addition
3.2 NAME	Tim D. Miller	
3.3 STREET ADDRESS	654 North Rio Vista Blvd.	
3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	400001800274	
5.3 STREET ADDRESS	-04/29/96--01136--049	
5.4 CITY-ST-ZIP	***200.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

4-29-96

CR2E034 (12/95)

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)(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] Tim D. Miller 04/24/96 (954) 467-2467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #