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Jan 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
526 N.E. 17TH AVE.
FT. LAUDERDALE FL 33301

Mailing Address
526 N.E. 17TH AVE.
FT. LAUDERDALE FL 33301-1361

3. Date Incorporated or Qualified 01/12/1993
3a. Date of Last Report 04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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

MILLER, TIM D
526 N.E. 17TH AVE
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name MILLER, TIM D
82 Street Address (P.O. Box Number is Not Acceptable)
654 N RIO VISTA BLVD

84 City FORT LAUDERDALE FL

85 Zip Code 33301

11. Pursuant to the provisions of Sections 607.0501 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

Tim D Miller

January 27, 1997

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	STUART, LEN	
STREET ADDRESS	PARADISE ISLAND DR.	
CITY-ST-ZIP	PARADISE ISLAND, NASSAU	
TITLE	VPD	DELETE
NAME	FISH, FRANK	
STREET ADDRESS	110 LOMBARD ST.	
CITY-ST-ZIP	TORONTO, ONTARI M5C 1M3,	
TITLE	STE	DELETE
NAME	MILLER, TIM D	
STREET ADDRESS	654 N. RIO VISTA BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
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	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIM D MILLER

JANUARY 27 1997

954-467-2467

Date

Daytime Phone #

0256229

CR2E034 (9/96)