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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000011254 (8)

NAUTICAL PRODUCTS, INC.

Principal Place of Business Mailing Address 9730 DUNHILL DRIVE P. O. BOX 4507 MIRAMAR FL 33025 MIAMI LAKES FL 33014-0507 3. Date Incorporated or Qualified 3a. Date of Last Report 02/05/1993 03/29/1996 .2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0395039 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032. Yes 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CULLEN, JOHN T 81 Name 7411 MIAMI LAKES DRIVE Street Address (P.O. Box Number is Not Acceptable) MIAMI LAKES FL 33014 83 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.

Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required where reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ☐ DELETE 1.1 TITLE Change Addition TUCKER, KEN NAME 1.2 NAME 9730 DUNHILL DRIVE STREET ADDRESS 1.3 STREET ADDRESS MIRAMAR FL CITY-ST-ZIP DELFTE STATLE Change Addition 2.1 TILLE NAME. 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 City - \$1 - ZiP DELETE TITLE Change Addition 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP DELETE TITLE Change 4.1 10116 Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 THE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE TITLE Change Addition 6 1 111LE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 eath; that I am an officer or director of the corporation or the receiver or trusted on 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.

ANS 10 97 96442 238

FILED

Apr 23 1997 8:00am

Secretary of State