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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P93000023970 (5)**

1. Corporation Name

FORT APACHE MARINE GROUP, INC.

Principal Place of Business

~~19055 BISCAYNE BLVD~~
~~N MIAMI BEACH FL 33180~~
~~US~~

Mailing Address

12280 N.E. 14TH AVE.
NORTH MIAMI FL 33161

3. Date Incorporated or Qualified: **03/30/1993**
3a. Date of Last Report: **04/20/1995**
4. FEI Number: **65-0405762** ☐ 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

2. Principal Place of Business
21 3025 N.E. 188th St.
22 Suite, Apt. #, etc.
23 City & State: N. Miami Beach Florida
24 Zip: 33180 25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

OSHEROFF, MARC A
12280 N.E. 14TH AVE.
NORTH MIAMI FL 33161

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

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 _____ Date _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	OSHEROFF, MARC A		1.2 NAME		
STREET ADDRESS	12280 N.E. 14TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL		1.4 CITY ST ZIP		
TITLE	P.D.	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BAUER, MICHAEL		2.2 NAME	BAUER, MICHAEL	
STREET ADDRESS	12280 N.E. 14TH Ave		2.3 STREET ADDRESS		
CITY-ST-ZIP	N. Miami, Fla 33161		2.4 CITY ST ZIP		
TITLE	Sec/Treas	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FLYNN, JAMES C		3.2 NAME		
STREET ADDRESS	3025 N.E. 188th St.		3.3 STREET ADDRESS		
CITY-ST-ZIP	N. Miami Beach, FL 33180		3.4 CITY ST ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY ST ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY ST ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY ST ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true. Filing is voluntary; furnished and does not qualify for the exemptions 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 added by this amendment with an address.

SIGNATURE: _____ Marc A. Osheroff 4/26/96 305-948-0155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone