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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000026038 (8)

WILLETT MARINE, INC.

Principal Place of Business

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

8000 PENINSULAR AVE KEY WEST FL 33040			8000 Peninsular ave Key West Fl 33040-6082								
								3. Date Incorporated or Qualified 04/08/1993	1	le of Lasi F	Raport
2. Principal P	lac e of Business	. Mailing Address					4. FEI Number		Ai	pplied For	
21			26					65-0410182 Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State			City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	29	Zıp	30	Country	/		8. This corporation has liability for i	ntangible t Yes		s. 199.032,
	9. Name and Address of Currer	t Regis	slered Agent					10. Name and Address of New Re	gistered A	gent	
KRA	VITZ, HAROLD P				81	ı	Name				
7600 W 20TH AVE #223 HIALEAH FL 33016					82		Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
TWA	SEATTLE GOOT				83						
					84	(City		FL	85 Zip	Code
office or i agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age							n's board of directors. I hereby acception is board of directors.	DATE DATE	inlment as	registered
12.	OFFICERS AN				13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
TITLE	DP		DELETE		.1 TITLE					Change	Addition
NAME	WILLETT, DAVID G			1	.2 NAME					-	
STREET ADDRESS	6000 PENINSULAR AVE				.3 STREF1	I AD	DRESS				
CITY-ST-ZIP	KEY WEST FL 33040				4 CITY-S						
TITLE	DVST DELETE				1 TITLE					Change	Addition
NAME	WILLETT, SERENA B.			2	2.2 NAME						
STREET ADDRESS	6000 PENINSULAR AVE			2	.3 STREET	AD	DRESS				
CITY-ST-ZIP	KEY WEST FL				2. 4 CITY-ST-ZIP		2112				
TITLE			DELETE	3	1.1 TITLE					Change	Addition
NAME				3	1.2 NAME						
STREET ADDRESS				3	3 STREFT	AD	DRESS				
CITY-ST-ZIP				3	8.4 CHY-S	S1-:	ZIP				
TITLE			DELETE	4	.1 TITLE					Change	Addition
NAME					2 NAME		l				

6.4 CITY-\$1-2IP

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 suppliencental 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.

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

5.4 CITY - ST- ZIP

5.1 TITLE 5.2 NAME

G.1 TITLE

6.2 NAME

DELETE

DELETE

C 24 A

a - - - - 1//

Change

■ Addition

Addition

FILED

Jun 03 1997 8:00am

Secretary of State