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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000037453 (6)

E-Z MARINE SUPPLY INC.

1195 S CONGRESS AVE 1195 S CONGRESS AVE WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/24/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0412892 21 Not Applicable Sulte, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Zip Country Country Žιρ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes o 🔲 No 24 29 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRIESAN, MARVIN J 1195 8 CONGRESS AVE 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33406 83 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** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE GRIESAN, MARVIN J NAME 1.2 NAME 1195 S CONGRESS AVE STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33406 CITY-ST-ZIP 1.4 CITY - ST - 7/P Change TITLE DELETE 21 TITLE Addition 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CI1Y - ST - ZiP Change DELETE ☐ Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$T - ZIP DELETE Change Addition TITLE 4.1 THEE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

14. Thereby 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 on an attachment with an address.

4.4 C(TY - ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

SIGNATURE.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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NAME STREET ADDRESS

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4/30/08

561-965-0099

Change

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Addition

Addition

FILED

May 12 1998 8:00am

Secretary of State