**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

DOCUMENT # **P93000057952 (2)**

1. Corporation Name

**P & M MARINE INVESTMENTS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1756 NORTHEAST 13TH STREET<br>FORT LAUDERDALE FL 33304 | 1756 NORTHEAST 13TH STREET<br>FORT LAUDERDALE FL 33304 |

3. Date Incorporated or Qualified: 08/18/1993
3a. Date of Last Report: 03/23/1995

4. FEI Number: 65-0434285 ☐ 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 | 2a. Mailing Address |
|---|---|
| 21 691 BLUE RIDGE WAY | 26 691 BLUE RIDGE WAY |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 DAVIE, FL | 28 DAVIE, FL |
| 24 Zip 33325 25 Country USA | 29 Zip 33325 30 Country USA |

9. Name and Address of Current Registered Agent

PAVKOVICH, PETER B
1756 NORTHEAST 13TH STREET
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name: PAVKOVICH, PETER B
82 Street Address (P.O. Box Number is Not Acceptable): 691 BLUE RIDGE WAY
83
84 City: DAVIE FL 85 Zip Code: 33325

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MULLIKIN, SPRAGUE<br>1730 NORTH CLARK STREET, #2706<br>CHICAGO IL ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | D<br>MULLIKIN, SPRAGUE<br>5808 N. Woodview Lane<br>Spokane, WA 99212 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PAVKOVICH, PETER B<br>1756 NORTHEAST 13TH STREET<br>FORT LAUDERDALE FL 33304 ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | D<br>PAVKOVICH, PETER B<br>691 BLUE RIDGE WAY<br>DAVIE, FL 33325 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

**SIGNATURE:** _____ 1/30/96 509-535-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #