

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS \$5 APR 13 PM 2:40	
DOCUMENT # P93000079361 (0) 1. Corporation Name BROWARD MARINE EAST, INC.					
Principal Place of Business 750 NE 7TH AVE. DANIA FL 33004 US		Mailing Address 1601 SW 20TH ST. FORT LAUDERDALE FL 33315 US		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 11/17/1993	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 05/01/1994	
City & State 23		City & State 28		4. FBI Number 65-0453859	
Zip 24		Country 25		Applied For ☐ Not Applicable	
Country 29		Country 30		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent SALIM, WILLIAM G JR. 800 CORPORATE DR. SUITE 510 FT. LAUDERDALE FL 33334		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		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No					
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 DPT DENISON, FRANKLIN A 1601 SW 20TH ST. FT. LAUDERDALE FL			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP VS THATCHER, LINDA 1601 SW 20TH ST. FT. LAUDERDALE FL <i>Delete</i>			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP 3 Geoffrey Mansbridge 1601 SW 20th Street Ft. Lauderdale, FL 33315 <i>DELETE</i> ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP ☐ Change ☐ Addition		
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 of Block 13 if changed, or as an attachment with an address.					
SIGNATURE: <i>Franklin A. Denison Pres.</i> 4/3/95 305-522-1701 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FRANKLIN A. DENISON					