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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400007465 (5)

B.W. MARINE, INC.

Principal Place of Business

Mailing Address

757 S.E. 17TH STREET. #389 FT. LAUDERDALE FL 33318

757 S.E. 17TH STREET. #389 FT. LAUDERDALE FL 33316-2960

FILED May 02 1997 8:00am Secretary of State



The second secon	
3. Date Incorporated or Qualified	of Last Report
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 65-0460447	Not Applicable
Stite Ant # etc Stite Ant # etc	8.75 Additional
5. Certificate of Status Desired	Fee Required
	\$5.00 May Be
23 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation has liability for intangible tax	
24 25 29 30 Florida Statutes	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
MAASS, ROBB R 81 Name	
321 ROYAL POINCIANA PLAZA 82 Street Address (P.O. Box Number is Not Acceptable)	
PALM BEACH FL 33480	
83	
FL	35 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 choffice 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 appoin agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	anging its registered tment as registered
SIGNATURE Signature, typod or printed name of registered agent and tile if applicable (NO16 Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12
	Change Addition
NAME WINOTT, ROBERT 1.2 NAME	
STREET ADDRESS 10801 WILSHIRE BLVD., 17 WEST 1.3 STREET ADDRESS	
CITY-ST-ZIP LOS ANGELES CA 90024 1.4 CITY-ST-ZIP	
	Change Addition
NAME 2.2 NAME	
STREET ADDRESS 2.3 STREET ADDRESS .	
CITY-ST-ZIP 2 4 CITY-ST-ZIP	
	Change Addition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-S1-ZIP 3.4_CITY-S1-ZIP	
<u> </u>	Change Addition
NAME 4.2 NAME	ů <u></u>
STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE	Change Addition
	, onongo
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CHY-ST-ZIP TITLE DELETE 6.1 TITLE	Change Addition
TITLE DELETE 6.17mLE	Formulac TT wouldfull
D	l l
NAME 6.2 NAME	
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	į

WILLIAM A BELLEN H-23-97 FEIR 591-88 59

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 eath; 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