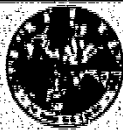


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000026616 (0)

1. Corporation Name

FIRST FINANCIAL MARINE GROUP, INC.

FILED

1995 JUL 13 AM 9:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

580 N. FEDERAL HWY.
 DEERFIELD BEACH FL 33441

Mailing Address

580 N. FEDERAL HWY.
 DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/07/1994

3a. Date of Last Report

2. Principal Place of Business

21 1495 Old Griffin Road

2a. Mailing Address

26 1495 Old Griffin Road

4. FEI Number

65-0479995

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

City & State

23 Dania, FL

City & State

28 Dania, FL

6. Election Campaign Financing
 Trust Fund Contribution

☐

\$5.00 May Be
 Added to Fees

Zip

24 33004

Country

25 Broward

Zip

29 33004

Country

30 Broward

8. This corporation has liability for intangible tax under s. 189.032,
 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TILLEY, MICHAEL R ESQUIRE
 2000 GLADES ROAD
 SUITE 208
 BOCA RATON FL 33431

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE President
 NAME Tyra G. Hayes
 STREET ADDRESS 1599 S.W. 31 Street
 CITY- ST- ZIP Boca Raton, FL 33486

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tyra G. Hayes

6/14/95

305-923-2770