

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000026674

1. Corporation Name

CUTWATER MARINE MANAGEMENT INC.

Principal Place of Business

Mailing Address

**775 TAYLOR LANE
DANIA, FLA. 33004**

**775 TAYLOR LANE
DANIA, FLA. 33004**

3. Date Incorporated or Qualified
04/07/94

3a. Date of Last Report
08/10/95

2. Principal Place of Business

2a. Mailing Address

21 **775 TAYLOR LANE**

26 **775 TAYLOR LANE**

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 **DANIA, FLA.**

28 **DANIA, FLA.**

Zip

Country

Zip

Country

24 **33004**

25 **U.S.**

29 **33004**

30 **U.S.**

4. FEI Number

65-0598456

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

9. Name and Address of Current Registered Agent

**BILL R. GERHART
775 TAYLOR LANE
DANIA, FLA. 33004**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	GUNNELL, ELIAS III	
STREET ADDRESS	775 TAYLOR LANE	
CITY - ST - ZIP	DANIA, FLA. 33004	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	GERHART, BILL R.	
STREET ADDRESS	775 TAYLOR LANE	
CITY - ST - ZIP	DANIA, FLA. 33004	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	BREWER, JAMES	
STREET ADDRESS	775 TAYLOR LANE	
CITY - ST - ZIP	DANIA, FLA. 33004	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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*****626.25**

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 119.01(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

3/28/96

(954)920-5756

DATE OF PHONE CALL

CR2E034 (12/95)

[Handwritten initials]