AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

4.5

1995

SIGNATURE:

DOCUMENT # **P94000047274** (3)

M AND M MARINE BROKERAGE, RENTALS, SALES & SERVI

FILED

98 OCT 19 AM 8:58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OL, INC	>•				MELM
Principal Place of Business Mailing Address				-2	
18901 SAN CA	ARLOS RIVO	18901 SAN CARLOS BLVD.			REINSTATEMENT 95-9
	BEACH FL 33931	FRT. MYERS BEACH FL			DO NOT WRITE IN THIS SPACE.
					3. Date Incorporated or Qualified 3a. Date of Last Report
					06/20/1994
2. Principal Pl	ace of Business	2a. Mailing Address			4 FEI Number
21		26			65-0501417 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	5. Certificate of Status Desired S8.75 Additional
22		27			Fee Required
City & State	_	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution □ Added to Fees
Zip	Country	Zip	Countr	v	This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	•	Florida Statutes Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
			81	Name	COTT K RAPAIES
TAYLOR, SHARON S				Street	t Address (P.O. Box Number is Not Acceptable)
18901 SAN CARLOS BLVD.			83	/8'	901 SAN CARLOS BLVD
FRT. MYERS BEACH Ft 33931				'	
; //	11/15		84		85 Zip Code
					MYERS BCH FL 33931
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 ar	S 5 COTT	E: Registered Age	rd skopature r	ES DIRECTOR 18/08/98 DATE
12,	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		1. 1 TITLE		Addition Addition
NAME	TAYLOR, SHARON 8		1/2 NAME	•	BARNES, SON HELMON T.
STREET ADDRESS	1890T SAN CARLOS BLVD.		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	FRT. MYERS BEACH FL 33931		1.4 CITY-	ST-ZIP	FT. MYERS BEACH, FL 33931
TITLE			2 1 TITLE		DIRECTOR Addition
NAME OTREET LORDESS			2.2 NAME		SCOTT K BARNES 18901 SAN CARLOS BLVD
STREET ADDRESS CITY-ST-ZIP				T ADDRESS	FT MYERS BCH, FL 33931
TITLE	1		2.4 CiTY - 3.1 TiTLE		Change Addition
NAME	Į.		3.2 NAME		9000026694290
STREET ADDRESS	PESS		3.3 STREE	T ADDRESS	
CITY-ST-ZIP			3.4 CITY -		***1200.00 ***1200.00
TITLE			4,1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4,4 CITY-	ST-ZIP	
TITLE			5.1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADMRESS				T ADDRESS	
CITY-ST-ZI			5.4 CITY - : 6.1 TITLE	SI - ZIP	Change Addition
NAME	1		6.2 NAME		Criange Addition
STREET ADDRESS				T ADORESS	
CITY - ST - ZIP	1		6.4 CITY -		
14 Ldo hereb	y certify that the information supplied wi	th this filing is voluntarily furni	shed and dos	e not aus	ualify 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 addre	ess.		, and the state of