FILE NOW: FILING FEE AFTER MAY 1 IS $400.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 MAY 23 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000057877 (0)

1. Corporation Name

SUPERIOR MARINE PARTS, INC.

Principal Place of Business	Mailing Address
64 4TH STREET SUITE C-108 BONITA SPRINGS FL 33923	64 4TH STREET SUITE C-108 BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1994
3a. Date of Last Report

2. Principal Place of Business — 21 / Suite, Apt. # etc. — 22 / City & State — 23 / Zip — 24 / Country — 25

2a. Mailing Address — 26 / Suite, Apt. # etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

4. FEI Number: 65-0516177 ☐ 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

HEIST, H. ANTHONY ESQ.
1661 ESTERO BLVD.
SUITE 20
FORT MYERS FL 33932

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN ...)	
TITLE	D Pres	TITLE	☐ Change ☐ Addition
NAME	EVANS, JOHN J SR.	NAME	
STREET ADDRESS	64 4TH STREET, SUITE C-108	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	CITY-ST-ZIP	
TITLE	JOHN EVANS JR VP	TITLE	☐ Change ☐ Addition
NAME	PO BOX 1267 NA	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	ESTRO FL 33928	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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)(i), Florida Statutes. I further certify that the information indicated on the 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: John J Evans Sr Pres   6-1 95   813-267-6110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J EVANS

0323009 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED AND FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000058177 (4)

CASALE MARBLE IMPORTS, INC.

6500 SW 13 ST
PLANTATION FL 33317

6500 SW 13 ST
PLANTATION FL 33317

3. 08/05/1994

4. FEI Number: 65-0532729

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. X

2. 750 S.W. 17th Avenue

2a. Mailing Address: 750 S.W. 17th Avenue

Delray Beach, Florida

Delray Beach, FL

33444

33344

9. Name and Address of Current Registered Agent

CASALE, D. WALTER
6500 SW 13 ST
PLANTATION FL 33317

10. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

12. OFFICERS AND DIRECTORS

D/President
CASALE, D. WALTER
6500 SW 13 ST
PLANTATION FL 33317

D/Sect.
Casale, Vincenza D.
6500 S.W. 13th St.
Plantation, FL 33317

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donato Walter Casale, Director/President

(407) 272-7600

0226610 CP