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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000067680

HYDES MARINE SALES, INC.

Principal Place	of Business	Mailing Address			
			111000		
	7	PO BOX 97 MESTEAD?	4 902		
	U	ME STEAD S	FLA 33 M2		
	AU	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	45010	3. Date Incorporated or Qualified 3a. D	ate of Last Report
2. Principal Pla	aco of Rusinopa	20 10 2		9/14/94	5/1/95
21	ace of Business	2a. Mailing Address		4. FET Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65.05 19479	Not Applicable
22 27 27			5. Certificate of Status Desired	\$8.75 Additional	
City & State City & State			6. Election Campaign Financing	Fee Required	
23	28			Trust Fund Coat the star	
Zip	Country	Zip	Country	This corporation has liability for intangible	Added to Fees
24	25	29	30	Florida Statutes Yes No	tax under \$ 199.032,
	9. Name and Address of Current			10. Name and Address of New Registers	d Agent
•	Chéster K.		81 Name		
	Une SILK K.	HYDES	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	21480 SW 9	004		(1.0. Box Number is Not Acceptable)	
•	4717	100	83		
	MIAMI TL 33	3189	84 City		T. T
			[] ==-,	F	85 Zip Code
11. Pursuant to or registere	the provisions of Sections 607,0502	and 607.1508, Florida Statut	es, the above-named corpo	pration submits this statement for the purpose of co	hanging its registered office
	and accept the obligations of, Section			pration submits this statement for the purpose of c and of directors. I hereby accept the appointment a	as registered agent. I am
SIGNATURE					
12.	Signature, typed or printed name of registered agent a		TE: Registered Agent signature requir		
TITLE	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	···
NAME	SONYA B HY. SECRETARY 21480 S.W 90	DES DELETE	1.1 TITLE	SHESTER K. HYDE	Change
STREET ADDRESS	SECRETARY	_	1.2 10 41.2	PRESIDENT.	
CITY-ST-ZIP	21480 S.L. 9A	Pl minni	13 STREET ADDRESS	DIVIDA CID CADI	
TITLE	011000000000000000000000000000000000000	T DELETE	1.4 CITY - ST - ZIP	21480 SW 90 PL M	
NAME		Ditteit	2.1 TIŢLE		Change Addition
STREET ADDRESS			2 2 NAME		
CITY-ST-ZIP			2.3 STREET ADDRESS		
TITLE		□ DELETE	2.4 CITY - ST - ZIP		
NAME			3 1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME		
City-St-ZiP			3.3. STREET ADDRESS		
TITLE		☐ DELETE	3.4 CITY - ST - ZIP 4.1 TITLE		F3 04
NAME		_ beach	4.2 NAME '	ccasta108	Change Addition
STREET ADDRESS			' i	8000018023 -05/01/96010120	113
CITY-ST-ZIP			4.3 STREET ADDRESS	***200.00	,10
TITLE		☐ DELETE	4.4 C(TY - ST - ZIP		Change F3 440
NAME			5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS					
CITY-ST-ZIP			5 3 STREET ADDRESS		
TITLE		DELETE	5.4 C/TY - ST - Z/P 6 1 TITLE		5
NAME		_] bittit	'		☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
	certify that the information supplied will		6.4 CITY-ST-ZIP		

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)[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 chapted, or on an attachment with an address.

SIGNATURE: Akests

305-378-8565