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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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May 08 1997 8:00am

Secretary of State

561-575-1555

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000073075 (1)

MARINA UTILITY SYSTEMS, INC.

Principal Place	of Business	Mailing Address					
17405 133RD TRAIL NORTH 17405 133RD TRAIL NOF JUPITER FL 33478 JUPITER FL 33478-5223			атн				
				3. Date Incorporated or Qualified 10/05/1994	3a. Date of Last F 02/19/1996	leport	
	ace of Business	2a. Mailing Address		4. FEI Number	<u> </u>	oplied For	
Suite, Apt.	#. etc	26		65-0576251	6075	ot Applicable Additional	
2	.,,	27		5. Certificate of Status Desired		equired	
City & State	)	City & State		6. Election Campaign Financing	\$5.00	May Be	
<u>a]</u>		28		Trust Fund Contribution		to Fees	
Zip 7	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s Yes <b>X</b> No	. 199.032,	
41	25 9. Name and Address of Curren	[29] nt Registered Apent	[30]	Florida Statutes L.  10. Name and Address of New Reg			
1740	RELL, LAWRENCE M. JR 15 133AD TRÁIL NORTH TER KL 33448		81 Name Lawre 82 Street Ade 725 1 83 84 City Jupi	ence M. Burrell, Ji dress (P.O. Box Number is Noi Accoptabl N. Highway AlA, Sui ter	##   85   Zip	Code <b>3477</b>	
11. Pursuant t office or re	o the provisions of Sections 607.050 egistered agent, or both, in the State	22 and 607,1508, Florida Stati of Florida, Such change was	utes, the above-named co s authorized by the corpora	rporation submits this statement for the pration's board of directors. I hereby accep	urpose of changing i t the appointment as	ts registered registered	
SIGNATURE .	Signature, typed or printed name 4 registers Jage	ent and title if applicable (NO	OTF: Flogistérod Agent signature req	ulited when reinstating)	DATE		
SIGNATURE .	Signature, typed or printed name 4 registers Jage	ent and title if applicable (NO DIDIRECTORS	OTF: Registéred Agent signature req		DATE ERS AND DIRECTOR		
SIGNATURE .	Signature, typed or printed han of Frice is ANI	ent and title if applicable (NO	OTI: Registered Agent signature req	ulited when reinstating)	DATE		
SIGNATURE .  12.  TITLE NAME	Signature, typed or printed name of registery Jago OFFICE IS ANI BURRELL, LAWRENCE M JR	ent and title if applicable (NO DIDIRECTORS	OTF: Registered Agent signature req. 13. 1.1 TILE 1.2 NAME	ulited when reinstating)	DATE ERS AND DIRECTOR		
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