SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## YOUNG & COMPANY MARINE, INC.

Principal Place of Business Mailing Address									
12758 ELLISO	ON WILSON ROAD	12758 ELLISON WILSOI	N ROAD						
JUNO ISLES		JUNO ISLES FL 33408				Date Incorporated or Qualified	2a D	ate of Last Re	nod
						12/08/1994		/09/1995	port
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number			plied For
21		26			<b></b>	65-0541539			Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	<sub>1</sub>			5. Certificate of Status Desired	["]	\$8.75 A Fee Rec	
22		27							<del></del>
City & Stat	te	City & State	<u></u>			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
23 Zip	Country	28 Z <sub>I</sub> p	Co	ountry	<del></del>	8. This corporation has liability for	intangiple		
24	25	29	30	,			🖔 Yes 📗	] No	
	9. Name and Address of Curre			Ţ		10. Name and Address of New R	egistered	Agent	
VA	DUNG, STEPHEN F			81	Name				
12758 ELLISON WILSON ROAD				82	Street Add	ess (P.O. Box Number is Not Acceptable)			
	NO ISLES FL 33408								
				83					
				84	City		FL	85 Zip C	Code
SIGNATURE	am familiar with, and accept the obl.  Signific type this process name of rejected a			re i Age		red when reimstrig)  ADDITIONS/CHANGES TO OFF	DAR ICERS ANI	D DIRECTOR	S IN 12
12.		D DELETE		1 1 TiTLE		NDBITION OF THE STATE OF THE ST			Addition
NAME	YOUNG, DEBORAH T		1.2	1.2 NAME					
STREET ADDRESS		DAD	13	STREET	ADDRESS				
CITY-ST-ZIP	JUNO ISLES FL 33408		1 4	CITY S	S1 - 21F			<del></del>	
TITLE	Р	DELETE	2 1	THTLE				Change	Addition
NAME	YOUNG, STEPHEN F		2.2	NAME					
STREET ADDRESS		DAD			ADDRESS				
CITY-ST-ZIP	JUNO ISLES FL	DELFTE		4 CHY 3	S1-7P		<u></u>	Change	Addition
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CITY-ST-ZIP		DELETE		TITLE	<u></u>			Change	Add tion
NAME			4 :	2 NAME					
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CITY-ST-ZIP			4.4	4 CHTY S	ST-ZIP				
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NAME				2 NAME					
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CiTY-ST-ZIP		T Driver		4 C-TY - :	ST-ZIP			Change	Addition
TITLE	į	DECETE	■ 6 °	1 THEF	I .			CHARGE	- Addition

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)(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 617. Florida Statutes and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

NAME

SIGNATURE AND TYPED OR PONTED NAME OF SHORTING OFFICER OR DIRECTOR