

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

**APPROVED
AND
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95 APR 21 PM 3: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morthern Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000092340 (6)
1. Corporation Name
MARINE SAFETY PRODUCTS, INC.

Principal Place of Business 55 EAST OCEAN BLVD. STUART FL 34994	Mailing Address 55 EAST OCEAN BLVD. STUART FL 34994
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 1401 S. FEDERAL HIGHWAY Suite, Apt. #, etc. 22 SUITE 1146 City & State 23 STUART, FL Zip 24 34994	2a. Mailing Address 26 450 SW SALERNO ROAD Suite, Apt. #, etc. 27 City & State 28 STUART, FL Zip 29 34997	3. Date Incorporated or Qualified 12/16/1994	3a. Date of Last Report
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4. FEI Number 65-0563661	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GUY, WILLIAM E JR
55 EAST OCEAN BLVD.
STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name G. N. BURDICK
82 Street Address (P.O. Box Number is Not Acceptable) 450 SW SALERNO ROAD
83
84 City STUART
85 Zip Code FL 34997

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: *G. N. Burdick* **G. N. BURDICK** DATE: **4/18/95**

12. OFFICERS AND DIRECTORS

TITLE D	NAME BURDICK, G N
STREET ADDRESS 450 S.W. SALERNO ROAD	CITY - ST - ZIP STUART FL 34997
TITLE D	NAME HART, JOSEPH
STREET ADDRESS 390 HAWSER LANE	CITY - ST - ZIP NAPLES FL 33940
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR, PRESIDENT, SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME G. N. BURDICK	
1.3 STREET ADDRESS 450 SW SALERNO ROAD	
1.4 CITY - ST - ZIP STUART, FL 34997	
2.1 TITLE DIRECTOR, VICE PRESIDENT & TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME JOSEPH W. HART, JR.	
2.3 STREET ADDRESS 390 HAWSER LANE, NAPLES, FL 33940	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 newly appointed with an address.

SIGNATURE: *G. N. Burdick* **G. N. BURDICK** DATE: **4/18/95** TELEPHONE: **407/287-7007**