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

FILED
Aug 12 1996 8:00 am
Secretary of State

DOCUMENT # **P95000001413 (0)**

1. Corporation Name
ALTERED STATES MARINE INC.

Principal Place of Business
4352 PINE ISLAND ROAD
MATLACHA FL 33909

Mailing Address
4352 PINE ISLAND ROAD
MATLACHA FL 33909

3. Date Incorporated or Qualified: 01/03/1995
3a. Date of Last Report: 1/95

2. Principal Place of Business
21 3922 Pine Island RD
22 Suite, Apt #, etc
23 City & State: MATLACHA
24 Zip
25 Country: USA

2a. Mailing Address
26 SAME
27 Suite, Apt #, etc
28 City & State: FL
29 Zip: 33909
30 Country: USA

4. FEI Number: 65-0548561 — 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
KUNKOWSKI, KEITH H
82 PALM DRIVE
CAPE HAZE FL 34224

10. Name and Address of New Registered Agent
81 Name: ROBERT BRANT
82 Street Address (P.O. Box Number is Not Acceptable): 3922 Pine Island RD
83
84 City: MATLACHA FL
85 Zip Code: 33909

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: Bob Brant
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KUNKOWSKI, KEITH H	
STREET ADDRESS	82 PALM DRIVE	
CITY-ST-ZIP	CAPE HAZE FL 34224	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	KUNKOWSKI KEITH	☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	3922 PINE ISLAND RD	
1.4 CITY-ST-ZIP	MATLACHA FL 33909	
2.1 TITLE	ROBERT BRANT	☐ Change ☑ Addition
2.2 NAME		
2.3 STREET ADDRESS	3922 PINE ISLAND RD	
2.4 CITY-ST-ZIP	MATLACHA FL 33909	
3.1 TITLE	ROBERT FINK	☐ Change ☑ Addition
3.2 NAME		
3.3 STREET ADDRESS	P.O. BOX 1742	
3.4 CITY-ST-ZIP	BALTI. MD.	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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.

SIGNATURE: [signature] 8/6/96 941-2830174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)