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 #
1. Corporation Name

P95000002297 (6)

SEA MARINE, INC.

Principal Place of Business



	IS ROAD BOX 141 PRINGS FL 33067		8222 WILES ROAD BOX 141 CORAL SPRINGS FL 33067				
					3. Date Incorporated or Qualified 01/10/1995	3a. Date of La	ast Report
2. Principal Pl	ace of Business	2a. Mailing Add	ress		4. FEI Number		Applied For
21		26			65-0544388		Not Applicable
		Suite, Apt. 6			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
7(p 24	Country 25	Ζφ 29	30 Cou	ntry	8. This corporation has liability for in Florida Statutes Yes	⊠ No	
	9. Name and Address of Curren	nt Registered Agent		ad III	10. Name and Address of New R	egistered Agen	t
				81 Name			
3284 NO. STATE ROAD 7				82 Street Address (P.O. Box Number is Not Acceptable)			
LAUDE	ERDALE LAKES FL 33319			83			
				84 City		FL 85	,
or register	to the provisions of Sections 607.050% red agent, or both, in the State of Flori th, and accept the obligations of, Seci	ida. Such change was	authorized by the c	ve-named corpo orporation's boa	ration submits this statement for the purp and of directors. I hereby accept the appo	oose of changing introent as regis	its registered office lered agent. I am
SIGNATURE							
	Signature, typed or printed name of registered agen			Agent signature require		DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
TITLE	PD DAVID I	☐ DEI				Cha	inge 🔲 Addition
NAMÉ	RAUCHER, DAVID L		1.2 NA				
STREET ADDRESS	2930 NE 48TH STREET	0004		REET ADDRESS			
CITY - ST - ZIP	LIGHTHOUSE POINT FL 33	DEI		Y-ST-ZIP			FT Address
TITLE	STD DATIONED HELAINE S	الما الما				Cha	inge [Addition
NAME	RAUCHER, HELAINE S 2930 NE 48TH STREET		2.2 NA				
STREET ADDRESS	UGHTHOUSE POINT FL 33	0004		REET ADDRESS			
CITY-ST-ZIP TITLE	CIGHTHOUSE POINT PL 33	DEI		Y-ST-ZIP			nas 🗖 Addiss
			I			☐ Cha	inge 🗌 Addition
NAME	!		3.2 NA				
STREET ADDRESS				REET ADDRESS			
CITY - ST - ZIP TITLE		DEC		Y-\$1-ZIP		[□ Cha	ange
NAME		[DE	4.) () 4.2 N/				siåc 🔲 wandini
STREET ADDRESS				ME REET ADDRESS			
CITY - S1 - ZIP							
TITLE		□ DEI	· · · · · · · · · · · · · · · · · · ·	Y-ST-ZIP		☐ Cha	inge Addition
NAME		[_] 02.	5 2 N/				7,00((0))
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				Y-SI-ZIP			
TITLE		☐ DEI				☐ Cha	inge Addition
NAMI			6.2 NA	- 1		ر ا	- Hookinii
STREET ADDRESS				ME REET ADDRESS			
SINEEL MUURESS	1		■ 6.3 SI	UCC+ MUUNICOO			
CITY - ST - ZIP			6.400	Y-ST-ZIF			

coming that the information indicated or this almost report or supplemental armost 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 3 if changed, or on an effective with an address.