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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # <b>P950(</b> NAME  SPEED & MARINE, INC.	00012685 (0	)				1 JURU 1418: AU 1416	
Principal Place	of Business	Mailing Address			I IBBIIBAI KIB IKIDI DIIN CANI UUHI	CONTRACTOR NOVE TOU	E OMOF LOIEL BILL IDDI	
P.O. BOX 22 FT. LAUDER	2012 Dale Fl 33335	P.O. BOX 22012 FT. LAUDERDALE FL 3	33335					
					3. Date Incorporated or Qualified 02/13/1995	3a. Date of La	st Report	
2. Principal Pla 21	ace of Business	2a. Maiting Address 26			4. FEI Number 65-0582036		Applied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8	Not Applicable  75 Additional	
City & State		27	h			1 1	ee Required	
23	<del>5</del>	City & State			Flection Campaign Financing     Trust Fund Contribution		5.00 May Be dded to Fees	
Zip Country Zip  24 25 29			Country 30	Country  8. This corporation has liability for intangible tax under s 199 Florida Statutes X Yes \( \subseteq \text{No} \)				
	9, Name and Address of Curre	ent Registered Agent	61	T	10. Name and Address of New Ro	gistered Agent		
MARTIN	I, ROBIN							
2710 SW 18TH ST.			82	Street Add	Address (P.O. Box Number is Not Acceptable)			
FT. LAU	IDERDALE FL 33312		83					
			84	City		FL 85	Zip Code	
11. Pursuant t	to the provisions of Sections 607.050	12 and 607.1508, Florida Statute	es, the above r	l named corpor	ration submits this statement for the purp		its registered office	
familiar wit	ed agent, or both, in the State of Flo th, and accept the obligations of, Sei	rida. Such change was authorize thon 607,0505, Florida Statutes.	ed by the corp ·	oration's boa	ration submits this statement for the purp rd of directors. Thereby accept the appo	intment as regist	ered agent Lam	
SIGNATURE	Syriature Typed or printed has acid regulation age.	ratable frame also: (24)	TE Bilgistered Agei		and the respect should	DATE		_
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFE		CTORS IN 12	95
TITLEPRES	Robin martin		DELETE 1 1 TITLE 1 2 NAME 1.3 STREET ADDRESS			☐ Chai	nge 🗌 Addition	CR2E034 (12/95)
NAME STREET ADORESS								8
CITY-ST-ZIP	Ft. Lauderacule, PC 33312			1 - ZIP				ZĒ
TITLE	V. P.		2 1 THELE			Chai	nge Addition	ؿ
NAME	Ralph martin III.		2 2 NAME					
CITY-S1-ZIP Ft. Lauderchile, FC 33312			2.3 STREET					
TITLE	DELETE		2.4 CITY - S 3.1 FITLE	1 - 211		Chai	nge	
NAME			3.2 NAME	.			_	
STREET ADDRESS			3.3 STREE	LADDRESS				
CITY - ST - ZIP TITLE	☐ DELETE			I · ZIP				
NAME		_ bettit	4 1 THLE 4 2 NAME			☐ Chai	nge	
STREET ADDRESS			4.3.S1HEE!	ACORESS				
C-TY-ST-ZIP			4.4 CITY - S	å - Zi∂				
HILE	DELETE		5 1 TITLE		<b>6000018631<b>76</b>°° -06/17/9601020048</b>		ige Addition	
NAME STREET ADDRESS			5.2 NAME	Appaces	~06/17/96~~010; ***200_00	20048		
CITY-ST-ZIP			5.3 STHEFT 5.4 CITY - S		***200.00			
TITLE	DELETE		6 1 TiTLE	. 20	THAMAS TO THE TAXABLE	Cha:	nge Apdition	
NAME			6.2 NAME				5/	
STREET ADDRESS			6.3 STHEET	ADDRESS			11 11	
CITY - ST - ZIP	v certify that the information supplied	with this films is voluntarily 6 and	64 CiTY-S		or the execution stated in Section 1197	7/9/W Doddo 0	John doe 16 whee	

receitly that the information supplied with this lengts voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or suppliernental 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 on an attachment with an address.

SIGNATURE: ROBIN MONTHS
SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-96 (951)832-0074