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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000014036 (4)

THE MARITIME GROUP, INC. Principal Place of Business Mailing Address 1761 SAN MARCO RD P.O. BOX 340 MARCO ISLAND FL 34146-0340 MARCO ISLAND FL 33937 3. Date incorporated or Qualified 3a. Date of Last Report 02/17/1995 05/21/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0026002 21 26 Not Applicable Suite, Apt. #, etc. Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 3414 29 30 24 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent LITTLE. J. LEE 1761 SAN MARCO RD. Street Address (P.O. Box Number is Not Acceptable) MARCO ISLAND FL 33937 83 84 City 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 if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signatize: typical or printed name of registered agent and otte if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 96/6) 13. DELETE 1.1 TITLE Change Addition PD TITLE NAME LITTLE, J. LEE 12 NAME 1060 SWALLOW AVE., UNIT 102 STREET ADDRESS 1.3 STREET ADDRESS MARCO ISLAND FL 1.4 CITY-ST-ZIP CITY-ST ZiP Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE THILE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP COY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAMÉ 4. 2 NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 City-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY - \$7 - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 Table TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

SIGNATURE:

CHY-SI-7P

VERTOLINED O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 legat effect as if made under oath; that I am an officer or director of the comporation 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 12 or on an attachment with an address.

FILED

Apr 23 1997 8:00am

Secretary of State