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

P95000017543 (6) **DOCUMENT #**

ADVANCE MARINE OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address



10554 BOCA ENTRADA BLVD BOCA RATON FL 33428		10554 Boca entrada BlVD Boca raton fl 33428					
					3. Date Incorporated or Qualified 03/03/1995	3a. Date of Last	Report
2. Principal Place of Business 2a. Mailing A			ng Address		4. FEI Number		Applied For
21 265 N	E 32 ct.	26 265 N.E. 3	26 265 N.E. 32 CT		65-0560306		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			S8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing	\$5.	00 May Be
23 OAKLAN	PARK, FLA.	28 OAKLAND PARK	28 OAKIAND PARK, FL.		Trust Fund Contribution Added to Fee		
Zip	Zip Country Z		Zip Country		This corporation has liability for int	s 199.032,	
24 3333		29 33334	30	U.S-A			
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
			8	1 Name			
REAGAN, RAY S 10554 BOCA ENTRADA BLVD				82 Street Address (P.O. Box Number is Not Acceptable)			
			8	4 City		85	Zip Code
				T Oily		FL "	
familiar with SIGNATURE	n, and accept the obligations of, Sco Signature, typed or printed name of registered ag.	otion 607.0505, Florida Statutes	3.		board of directors. I hereby accept the appoil	DATE	
12.		ND DIRECTORS	13.	, on og 11 oc 10	ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE	D	☐ DELETE	1. 1 700.	F	P/N	☐ Chang	
NAME	REAGAN, RAY S	-	1.2 NAM	E I	RAY S. REAGAN	_	
STREET ADDRESS	10554 BOCA ENTRADA BL	OV	1,3 STRE	ET ADDRESS	10554 BOCA EMPRADA BIV	d.	
CITY-ST-ZIP	BOCA RATON FL 33428	· -			BOXA RATON FL. 334	28	
TITLE	200111111111111111111111111111111111111	DELETE	2 1 1ITL		WA	☐ Chang	je 🔀 Addition
NAME			2.2 NAM	IE	MANAGEM FROMEK		
STREET ADDRESS			2.3 STRE	ELI ADDRESS	マスコタ ノロロレノレビビーフィー		
CITY-ST-ZIP			2.4 CiTY	- S1 - ZIP	HOTTY WOOD, FL - 33021	١	
TITLE		D DELETE	3 1 (1)			Chang	ge 🔲 Addition
NAME			3.2 NAM	E			
STREET ADDRESS			3.3 STR	EFT ADDRESS			
CITY-ST-ZIP			3.4 CITY	-S1-ZIP			
TITLE		☐ DELETE	4. 1 TITL	.E		☐ Chang	ge 🔲 Addition
NAME			4.2 NAM	1E			
STREET ACORESS			4.3 STR	ET ADDRESS			
CITY-ST-ZIP			4.4 Crty	- ST - ZIP			
TITLE		DELETE	5. 1 TITE	.E		☐ Chang	ge 🔲 Addition
NAME			5.2 NAM	1E			
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP			5.4 0(1)	(-\$1-21P			
TITLE		DELETE	6. 1 717	F		Chang	ge Addition
NAME			6.2 NAA	ME			
STREET AUDRESS			6.3 STR	EET ADDRESS			
CITY-ST-ZIP				/-SI-7IP			
	v certify that the information supplie	d with this filing is voluntarily fun			alify for the exemption stated in Section 119.0	07(3)(k), Florida Sta	atutes. I further

I do nereby certify that the information supplied with this filling is voluntarily turnished 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

RAY S- REAGAN 4-29-96 954-565-1228
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR