

**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. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000017688**

1. Corporation Name

MARITIME ARTIFACTS CORP.

Principal Place of Business

Mailing Address

**P.O. Box 886
PALM BEACH, FL 33480**

3. Date Incorporated or Qualified

3a. Date of Last Report

3/3/95

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

4. FEI Number

Applied For
Not Applicable

65-0560665

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARK H. MIRKIN
c/o MIRKIN & WOLFE, P.A.
1700 PALM BEACH LAKE BLVD #550
W. PALM BEACH, FL 33401**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature of Registered Agent (if not the registered agent, the signature of the registered agent is required)

(If the Registered Agent Signature is required, the signature of the Registered Agent is required)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	Pres. Dir.	<input type="checkbox"/> DELETE
NAME	HOWARD TALKS	
STREET ADDRESS	P.O. Box 886	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	PRES. DIR.	<input type="checkbox"/> DELETE
NAME	HOWARD TALKS	
STREET ADDRESS	P.O. Box 886	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	PRES. DIR.	<input type="checkbox"/> DELETE
NAME	HOWARD TALKS	
STREET ADDRESS	3250 S. OCEAN BLVD #501	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DOUGLAS P. MORRIS	
13 STREET ADDRESS	P.O. Box 886	
14 CITY-ST-ZIP	PALM BEACH, FL 33480	
21 TITLE	SEC. TREAS. D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	JAMES DOHERTY	
23 STREET ADDRESS	P.O. Box 886	
24 CITY-ST-ZIP	PALM BEACH, FL 33480	
31 TITLE	Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Douglas P. Morris	
33 STREET ADDRESS	515 RED CYPRESS	
34 CITY-ST-ZIP	CARY, ILL. 60013	
41 TITLE	Dir., Sec., Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	JAMES DOHERTY	
43 STREET ADDRESS	1695 LAKE COOK RD. #328	
44 CITY-ST-ZIP	HIGHLAND PARK ILL. 60035	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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-07/17/96--01028--019
***225.00**

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: **Howard Talks - Pres**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD D TALKS

6/21/96 561-762-8118

CR2E034 (3/96)