

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 19 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000017688**  
 1. Corporation Name

**MARITIME ARTIFACTS CORP.**

Principal Place of Business Mailing Address



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 c/o Donald E. White Suite, Apt. #, etc.	26 c/o Donald E. White Suite, Apt. #, etc.	03/03/95	07/16/96
22 42 Windsor Lane City & State	27 P.O. Box 31163 City & State	4. FEI Number	Applied For
23 Palm Beach Gardens, FL Zip Country	28 Palm Beach Gardens, FL Zip Country	65-0560665	Not Applicable
24 33418	29 33420	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent									
John G. Igoe c/o Edwards & Angell 250 Royal Palm Way Palm Beach, FL 33480		<table border="1"> <tr> <td>81 Name</td> <td></td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>FL 85 Zip Code</td> </tr> </table>		81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	FL 85 Zip Code
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: *John G. Igoe* DATE: **4/29/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	SEE BELOW	<input type="checkbox"/> DELETE	1.1 TITLE	D		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Talks, Howard D.			1.2 NAME	Johnson, Bruce		
STREET ADDRESS	3250 S. Ocean Blvd., #504			1.3 STREET ADDRESS	P.O. Box 145 8200 N. POLASKI RD.		
CITY-ST-ZIP	Palm Beach, FL 33480			1.4 CITY-ST-ZIP	Golf, IL 60029 CHICAGO, IL 60639		
TITLE	D		<input type="checkbox"/> DELETE	2.1 TITLE	D		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morris, Douglas P.			2.2 NAME	Patience, John		
STREET ADDRESS	515 Red Cypress			2.3 STREET ADDRESS	29 India Hill Road		
CITY-ST-ZIP	Gary, IL 60013			2.4 CITY-ST-ZIP	Winnetka, IL 60093		
TITLE	DST		<input type="checkbox"/> DELETE	3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doherty, James			3.2 NAME			
STREET ADDRESS	1695 Lake Cook Road, #328			3.3 STREET ADDRESS			
CITY-ST-ZIP	Highland Park, IL 60035			3.4 CITY-ST-ZIP			
TITLE	PD (NEW ADDRESS)		<input type="checkbox"/> DELETE	4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALKS, HOWARD D.			4.2 NAME			
STREET ADDRESS	16 LITTLE POND RD. - C			4.3 STREET ADDRESS			
CITY-ST-ZIP	MANALAPAN, FL 33402			4.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				5.2 NAME	300002198163		
STREET ADDRESS				5.3 STREET ADDRESS	-06/02/97--01115--042		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	***165.00		
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 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, changed or on an amendment with an address.

SIGNATURE: *James Doherty* DATE: **4/28/97**