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** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 19968 12 9w ON OF CORPORATIONS P95000023496 (9) DOCUMENT # SHARK'S TOOTH MARINE, INC. Principal Place of Business Mailing Address **409 HARBOR DRIVE 409 HARBOR DRIVE** VENICE FL 34285 VENICE FL 34285 3. Date incorporated or Qualified 3a. Date of Last Report 03/23/1995 2. Principal Place of Business 2a. Mailing Address Applied For 115 N. U.S. 41 By-1945 409 HARBOT Dr. Veni Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be FURDA Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199 032, Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City 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, typed or proted ruber of negotiered agent and fine if apply abit. (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 DILE \_\_\_\_ Change \_\_\_\_ Addition NAME OELKER, BRUCE L 1.2 NAME CR2E034 STREET ADDRESS 409 HARBOR DR. 1.3 STREET ADDRESS VENICE FL 34285 CITY - ST - ZIP 14 CITY - ST - ZIP DST DELETE 2 1 TITLE Change Addition NAME OELKER, MARY K 2.2 NAME 409 HARBOR DR. STREET ADDRESS 2 3 STREET ADDRESS VENICE FL 34285 CITY - ST - ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change \_\_\_\_ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 JITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CHTY - ST - ZIP TITLE DELETE 5.1 TITLE Change Admition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 City-St-ZiP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-S1-ZIP 64 CHTY - ST - ZIP 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 1 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 eath, that I am an efficiency 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

BRUGE L. OEWER 8/4/96 941-486-0112