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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000025993 (3)

ACTION MARINE OF THE FLORIDA KEYS, INC.

Principal	Place	of	Business
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Mailing Address

FILED May 12 1997 8:00am Secretary of State



76381 OVERSEAS HIGHWAY 18LAMORADA FL 33036			76381 OVERSEAS HIGHWAY ISLAMORADA FL 33036-3938									
								3. Date Incorporated or Qualified 03/29/1995	3a. Date 05/01		eporl	
2. Principal Place of Business			2a.	2a, Mailing Address			4. FEI Number			plied For]	
21			26					65-0579747		No	ot Applicable	
Suite, Apt. #, etc.			27				5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	.0		J	City & State				6. Election Campaign Financing			May Be	
23		0	28	9	T 6-			Trust Fund Contribution	Ш		to Fees	ł
Zip	-	Country	<u>├</u> า	Zip	h m	ıntry		8. This corporation has liability for i			. 199.032,	
24		25 and Address of Curre	29 nt Registe	ered Agent	30	_		Florida Statutes Yes Yoo 10. Name and Address of New Registered Agent				
BOL						81	Name	To, Mario dila Mario di Control Inc.	giotorou rig			
BOLESKY, TRACY H 501 GOODLETTE ROAD						82	Street Ac					
	te B-106 Ples fl 339	40				83						
100		10				84	City			85 Zip	Code	1
11 Purcuant	to the provision	one of Spetions 607 066)2 and 60	7 1508 Florida Statut	os tho a	bovo	-namod o	progration submits this statement for the o	FL	anging it	c registered	-
office or r agent. I a	registered age in familiar with	ent, or both, in the State h, and accept the oblig	of Florida ations of,	a Such change was a Section 607.0505, Fix	authorize orida Sta	d by tules	the corpo	orporation submits this statement for the p ration's board of directors. I heroby accep	t the appoin	trnent as	registered	
SIGNATURE	Signalure, typed o	or printed name of registered ag	ent and lite if	fapplicable (NOI	£ Registere	d Age	nt signature re	quired when reinstating)	DATE.			
12.		OFFICERS AN	D DIREC	1ORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTOR	S IN 12	19
TITLE	D			DELETE	1.1 11	ILE				Change	Addition	١
NAME	KENTZEL,	ROBERT A JR.			1.2 N	AME						13
STREET ADDRESS	76381 OV	erseas highway			1.3 \$	IREET .	ADDRESS					Ìù
CITY-ST-ZIP	ISLAMOR/	NDA FL 33036	·		1.4 0	TY-SI	I - ZiP					3
TITLE	D			☐ DELETE	2.1 1	TLE] Change	Addition	١
NAME		Brenda Butler			2.2 N	AME						ŀ
STREET ADDRESS		ERSEAS HIGHWAY			2.3 S	IREET.	ADDRESS					
CITY-ST-ZIP	ISLAMOR/	NDA FL 33036				HY-S	T- 71P			T		
TITLE				□-ĐELE 1E	3.1 TI				L	Change	Addition	
NAME					3.2 N		1					l
STREET ADDRESS					335	TAEET	ADDRESS					
CITY-ST-ZIP				T bellet		ny-s	T-7IP		.,	1-21	——————————————————————————————————————	
TITLE				☐ DEFELE	4.1 T					Change	☐ Addition	
NAME				•	4.2 N							
STREET ADDRESS					I		ADDRESS					
CITY-ST-ZIP				Porieté		IY-SI	· ZiP			1000000	Address	ł
TITLE				☐ DELETE	5.1 1				L] Change	Addition	
NAME					5.2 N		1					
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP				Percent		IIY-SI	1 - ZIP			1 (5	Addition	1
TITLE				DELETE	6.1 11				L.] Change	Addition Addition	
NAME					62 N							1
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP		A		CC	6.40	ITY-SI	I · ZIP	Ind in Doubles 440.07/03(5) Florid City		-107 17 1		1

• I do nereby 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 logal effect as if made under eath; 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.

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