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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000043472 (6)

1. Corporation Name

HOLLAND MARINE ENTERPRISES, INC.



Principal Place of Business

Mailing Address

~~% ACCOUNTING AND BUSINESS CONSULTANTS, INC.~~
~~790 E. BROWARD BLVD. SUITE 602~~
~~FT. LAUDERDALE FL 33301~~

% ACCOUNTING AND BUSINESS CONSULTANTS, INC.
790 E. BROWARD BLVD. SUITE 302
FT. LAUDERDALE FL 33301

3. Date Incorporated or Qualified

06/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 8035 South Lake Dr.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 West Palm Beach, FL

28

Zip

Country

Zip

Country

24 33406

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DYK, ALBERT P.~~
8035 SOUTH LAKE DRIVE
W PALM BEACH FL 33406

81

Name

Dyke, Albert P.

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

4-24-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DYK, ALBERT P
8035 SOUTH LAKE DRIVE
W PALM BEACH FL 33406

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Dyke, Albert P.

Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

407 585-5719
4-24-96

CR2E034 (12/95)