SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT-DUE COOR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P95000045747 (9)

FOSTER MARINE CONSTRUCTION, INC.

Principal Place of	Business	Mailing Addre	ess		. saddings tre spins prost optif dates dates dien dien dien dien beit den best bet			
3650 N. FEDERAL H SUITE 215 LIGHTHOUSE POINT		3650 n. Feder Suite 215 Lighthouse F	RAL HIGHWAY POINT FL 33064		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/13/1995			
2. Principal Place	of Business	2a. Mailing Ad	ddress		4. FEI Number Applied For			
21		26			65-0588497 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt	#, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State		City & Sta	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Z ip 29	Zip Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
O'MALLEY, DONALD 3650 N. FEDERAL HIGHWAY SUITE 215 LIGHTHOUSE POINT FL 33064					Street Address (P.O. Box Number is Not Acceptable)			
	500E FORTITE 30004	500 1007 4500 51	the Out to the		FL The state of th			

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.

	^ . A D ~/M ///	1 000								
SIGNATURE O gradue, typod of prinded name of registered agent and talle if applicable (NOTE: Registered Agent signature, required when reinstating) DATE 7-1-9.8										
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFI						
TITLE	Р	DELETE	1.1 TITLE		Change Addition					
NAME	O'MALLEY, DONALD		1.2 NAME		2.00.00					
STREET ADDRESS	4231 NE 27 AVE		1.3 STREET ADDRESS							
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		1.4 CITY-ST-ZIP							
TITLE		DELETE	2 1 TITLE		Change Addition					
NAME			2 2 NAME		<u> </u>					
STREET ADDRESS			2.3 STREET ADDRESS							
CITY-\$T-ZIP			2.4 CITY-ST-ZIP		· Barr					
TITLE		DELETE	3.1 TITLE		Change Addition					
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP			9.4 CITY-ST-ZIP		<u> </u>					
TITLE		DELETE	4.1 TITLE		Change Addition					
NAME			4.2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST-ZIP							
TITLE		DELETE	5.1 TITLE	50000262	24 200 Change Addition					
NAME			5.2 NAME	-08/25/98 010)17 0 09					
STREET ADDRESS			5.3 STREET ADORESS	***300.00						
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE		DELETE	6.1 TITLE		Change Addition					
NAME			6.2 NAME		₽ v					
STREET ADDRESS			63 STREET ADDRESS		՝ ₄.ՆԿ					
CITY-ST-ZIP			6.4 CITY-ST-ZIP		0					

14. I 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 if changed, or on an attachment with an address.

SIGNATIBE:

ON ALLO 3.07(4)(6)

11. Portion Statutes. I further certify that the information indicated 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 if changed, or on an attachment with an address.

FILED

Aug 24 1998 8:00am

Secretary of State

FMC

FOSTER MARINE CONSTRUCTION, INC.

3650 NORTH FEDERAL HIGHWAY ~ SUITE 215 ~ POMPANO BEACH, FL. 33064 Phone 954-946-8200 ~ Fax 954-946-8204

August 11, 1998

Division of Corporations Annual Reports Filings P.O. Box 6327 Tallahassee, FL 32314

Re:

1998 Profit Corporation Annual Report

Document #P95000045747 (9) Foster Marine Construction, Inc.

ei Enders

65-0588497

To Whom It May Concern:

Enclosed, please find our application and payment of \$150 for our Corporate Annual Report. As you can see, this is our "second notice". We never received our "first notice". I called the number on the front of your form today (850-488-9000) and was told that many other companies had the same problem and that I should write this letter and send in only the original amount of \$150.00.

Sincerely,

Edie Enders

Office Manager