

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

FILED

Apr 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000064243 (5)**

1. Corporation Name

**MODERN MARINE INCORPORATED**

Principal Place of Business

**13350 SW 128TH ST.  
MIAMI FL 33186**

Mailing Address

**13350 SW 128TH ST.  
MIAMI FL 33186-5807**



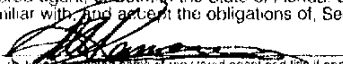
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/17/1995</b>	3a. Date of Last Report <b>04/12/1996</b>
21 <b>2642 NE 212 TERR</b>	26 <b>2642 NE 212 TERR</b>	4. FEI Number <b>65-0606247</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22	27 <b>MIAMI FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23 <b>MIAMI FL 33180</b>	28 <b>MIAMI FL 33180</b>	7. City & State		9. Name and Address of Current Registered Agent	
24 <b>33180</b>	25 <b>USA</b>	29 <b>33180</b>		30 <b>USA</b>	

**STEWART, DONNARAE K  
13350 SW 128TH ST.  
MIAMI FL 33186**

10. Name and Address of New Registered Agent  
81 Name **PHILLIP RAMSAY**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2642 NE 212 TERR**  
83  
84 City **MIAMI** FL 85 Zip Code **33180**

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 of the person submitting this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

(NOTE: Registered Agent signature required when reinstating)

**3-26-97**  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 if changed, or on an attachment with an address.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-26-97**  
Date

**305 933-3510**  
Daytime Phone #

0281028

CR2E034 (9/96)