

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
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000079203 (2)

1. Corporation Name

SAILFISH MARINE, INC.



Principal Place of Business

Mailing Address

~~1377 LAKESHORE DRIVE
NAPLES FL 3394~~

~~1377 LAKESHORE DRIVE
NAPLES FL 3394~~

2. Principal Place of Business

21 5801 Shirley St.

2a. Mailing Address

26 5801 Shirley St.

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

23 Naples FL

24 Zip

25 34109

Country

26 USA

27 City & State

28 Naples FL

29 Zip

30 34109

Country

31 USA

3. Date Incorporated or Qualified

10/16/1995

3a. Date of Last Report

4. FEIN Number

65 0631460

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SCHULT, WILLIAM M
1377 LAKESHORE DRIVE
NAPLES FL 3394

81 Name

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 transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

President
William M. Schult
same

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

Vice President
Keith Kipp
same

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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 617, 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

7-396

941-514-0415

CR2E034 (3/96)