## 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

## POCUMENT # P95000088374 (0)

MARINE DEVELOPMENT CORP.

## FILED Apr 29 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  4669 ROOSEVELT BLVD. 4669 ROOSEVELT BLVD.  JACKSONVILLE FL 32210 JACKSONVILLE FL 32210-3339											
							3. Date Incorporated or Qualified 11/17/1995	3a. Date of La		oorl	
	lace of Businoss	Mailing Address				4. FEI Number Applie			ied For		
21		26					59-3347877		Not Applicable		
Suite, Apt	.#, etc.	<b>├</b> ──	Suite, Apt. #, etc.				5. Certificate of Status Desired		<b>75</b> Ad e Real	Iditional	
City & State	to	27 City	& State				6. Election Campaign Financing				
23		28	G Glate				Trust Fund Contribution			lay Be	
Zip	Country	Zip					Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199,032,				
24	25	29	29 30				Florida Statutes				
	9, Name and Address of Curr		i Agent				10. Name and Address of New Reg	stered Agent			
RIC	HARD G. HATHAWAY, P.A.				B1	Name					
707	7 BONNEVAL ROAD, SUITE 20	0	8:			Street Add	ress (P.O. Box Number is Not Acceptable)				
	XSONVILLE FL 32218			1		<u>.</u>					
•					B3						
•				}	84	City		Pmg 85	Zip Co	ode	
44 5					$\perp$						
agent. I s	Signature, typed or printed name of registered of		cable (NC				poration submits this statement for the pition's board of directors. I hareby accepted when reinstating)  ADDITIONS/CHANGES TO OFFICE	DAJE			
TITLE	OFFICERS A	MD DIRECTOR	DELFTE	1.1 10	į.		ADDITIONS/CHANGES TO OFFIC	Cha		Additio	
NAME	BACHLE, A.H.		1.2 N						, g	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS	4669 ROOSEVELT BLVD.					ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32210			1.4 CIT		1					
TITLE			DELETE	2.1 7(1		<u> </u>		Cha	nge	Addilio	
NAME				2.2 NA	ΜE						
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CITY-ST-ZIP				2 4 CI	[Υ- S	ST · ZIP					
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NAME				3 2 NA	ME						
STREET ADDRESS				3.3 \$1	REET	ADDRESS					
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NAME				4. 2 NA							
STREET ADDRESS						ADDRESS					
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TITLE			L.J Deliete					U10	ng ti	LJ Applitu	
NAME PERFET ADDRESS				5.2 NA		ADDRESS					
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			DELETE	5.4 CH 6.1 HI		1-217		☐ Cha	nge.	Additio	
i			ن المرداد					ال ال	ngo .	L.J AGGILLO	
NAME STREET ADORESS				6.2 NA		ADDRESS ADDRESS					
STREET ADDRESS	I			6.3 8	vt t. l	ADDRESS					
CITY-ST-ZIP				6.4 CH							

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 trusted 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.