

**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.)**

APPROVED
AND
FILED

96 SEP -4 PM 12: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



300001946693
-09/13/96--01019--011
****375.00 ****375.00

PROFIT CORPORATION ANNUAL REPORT 1996
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000089338 (4)
1. Corporation Name
CHALLENGE MARINE GROUP LTD., INC.

Principal Place of Business Mailing Address
79 ISLE OF VENICE FORT LAUDERDALE FL 33301 79 ISLE OF VENICE FORT LAUDERDALE FL 33301

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip 24 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 11/21/1995 3a. Date of Last Report N/A
4. FEI Number 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
HURLEY, TINA P
150 NORTH FEDERAL HIGHWAY
SUITE 210
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
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 _____ (Type or print name of registered agent and title, if applicable) (If title Registered Agent signature required when filing) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD DELETE
NAME STEPHENS, JOSEPH
STREET ADDRESS 79 ISLE OF VENICE
CITY-ST-ZIP FORT LAUDERDALE FL 33301
TITLE SD DELETE
NAME CLARK, KENNETH W
STREET ADDRESS 1991 POET NELSON PLACE
CITY-ST-ZIP NEWPORT BEACH CA 92660
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP Change Addition
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP Change Addition
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP Change Addition
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP Change Addition
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP Change Addition
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 its 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: *Joseph Stephens* Pres. 8/30/96-954-494-2402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (3/96)