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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| 1997 | 5110 | DI 1101011 01 | | |
|------------|--------------|---------------|--|--|
| DOCUMENT # | P95000089338 | (4) | | |

CHALLENGE MARINE GROUP LTD., INC.

Mailing Address Principal Place of Business

FILED Jan 29 1997 8:00am Secretary of State



| 79 ISLE OF VENICE FORT LAUDERDALE FL 33301 | | 79 ISLE OF VENICE FORT LAUDERDALE FL | 79 ISLE OF VENICE FORT LAUDERDALE FL 33301-1483 | | | | | |
|---|--|---|--|------------|--|---------------------|--------------------|-----------------------|
| | | | | | 3. Date Incorporated or Qualified 11/21/1995 | 3e. Date 09/04 | | eport |
| 2. Principal P | Place of Business | 2a. Mailing Address | | | 4. FEI Number 65 - C | X96288 | Ap | oplied For |
| 21 | | 26 | | | APPLIED FOR | | | ot Applicable |
| Suite, Apt. | #, etc | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | \$8.75 / Fee Re | Additional equired |
| City & State City & Stale 23 28 | | | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added t | |
| Z _I p 24 | Country 25 | Zip 29 | Counti | | | Yes 🗀 | No | . 199.032, |
| | 9, Name and Address of Cu | rrent Registered Agent | | | 10. Name and Address of New F | legistered Age | ent | |
| | rley, tina p | | 8 | Name | | | | |
| SUI |) North Federal Highway ITE 210 | , | 8 | | fress (P.O. Box Number is Not Accept | able) | | |
| FOI | RT LAUDERDALE FL 33301 | | 8 | 3 | • | | | |
| | | | 8- | 1 " | | FL | | Code |
| office or i agent. La SIGNATURE | registered agent, or both, in the S im familiar with, and accept the of Signatics byted or pointed name of registers | bligations of, Section 607.0505, 1 | Florida Statute | 98. | poration submits this statement for the tion's board of directors. I hereby acc | ept the appoin | tment as | registered |
| 12. | OFFICERS | AND DIRECTORS | 13, | | ADDITIONS/CHANGES TO OFF | ICERS AND DI | RECTOR | S IN 12 |
| TITLE | PD | DELETE | 1,1 TITLE | | | | Change | Addition |
| NAME | STEPHENS, JOSEPH | | 1.2 NAME | | | | | |
| STREET ADDRESS | 79 ISLE OF VENICE | *** | 1.3 STRE | et address | | | | |
| CITY-SI-7IP | FORT LAUDERDALE FL 33 | | 14 CiTY- | ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 21 TITLE | į. | | L | Change | Addition |
| NAME | | | 2.2 NAME | | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | | |
| CITY-ST-ZIF TITLE | | DELETE | 2. 4 CITY 3.1 TITLE | - ST - ZIP | | | Change | Addition |
| NAME | | L DELEGIE | 3.2 NAME | | | ·' •': * | Change | |
| STREET ADDRESS | | | | ET ADDRESS | | | | |
| CITY - ST - ZIP | | | 3.4. CITY | | | | | |
| TITLE | | DELETE | 4.1 TITLE | 0, 1,, | | | Change | Addition |
| NAME | | | 4. 2 NAM | Ε | | | | |
| STREET ADDRESS | | | 4.3 STRE | ET ADDRESS | | | | |
| CITY - ST - ZIP | | | 4.4 CITY | ST-ZIP | | | | |
| TITLE | | DELETE | 5.1 TITLE | | | Γ | Change | Addition |
| NAME | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 STRE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY | | | | 1 | ·· [|
| TITLE | | DELETE | 6 1 TITLE | | | l |] Change | Addition |
| NAME | | | 62 NAMI | - 1 | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY | ST-ZIP | | | ···· | |

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 tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Bloe