

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

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**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000094714 (9)

1. Corporation Name
TEQUESTA MARINE, INC.



Principal Place of Business
**10323 SOUTHERN BLVD.
ROYAL PALM BEACH FL 33411**

Mailing Address
**10323 SOUTHERN BLVD.
ROYAL PALM BEACH FL 33411-4398**

3. Date Incorporated or Qualified
12/13/1995

3a. Date of Last Report
11/12/1996

2. Principal Place of Business
21 **18679 SE Federal Hwy**

2a. Mailing Address
26 **18679 SE Federal Hwy**

4. FEI Number
65-0705275

Applied For
Not Applicable

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23 **Tequesta, FL**

28 **Tequesta, FL**

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country
24 **33469 Martin**

29 **33469 Martin**

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUBENFELD, DAREN ESQ.
10323 SOUTHERN BLVD.
ROYAL PALM BEACH FL 33411**

81 Name
Rubinfeld, Daren, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)
18679 SE Federal Hwy

83

84 City
Tequesta

85 Zip Code
FL 33469

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]* **DAREN RUBENFELD** **4/15/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, ROBERT L	
STREET ADDRESS	10323 SOUTHERN BLVD.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	ZBORIL, JAMES	
STREET ADDRESS	10323 SOUTHERN BLVD.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Miller, Robert L.	
1.3 STREET ADDRESS	18679 SE Federal Hwy	
1.4 CITY-ST-ZIP	Tequesta, FL 33469	
2.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Zboril, Jin	
2.3 STREET ADDRESS	18679 SE Federal Hwy	
2.4 CITY-ST-ZIP	Tequesta, FL 33469	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rubinfeld, Daren	
3.3 STREET ADDRESS	18679 SE Federal Hwy, Tequesta, FL 33469	
3.4 CITY-ST-ZIP		
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Austin, Christopher	
4.3 STREET ADDRESS	18679 SE Federal Hwy	
4.4 CITY-ST-ZIP	Tequesta, FL 33469	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* **DAREN RUBENFELD** **4/15/97** **561-743-0214**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)