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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham^a

Secretary of State

DIVISION OF CORPORATIONS

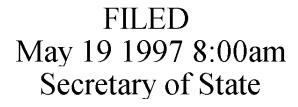
DOCUMENT # P96000012136 (3)

FLYING DUTCHMAN MARINE, INC.

Principal Place of Business Mailing Address

2250 IMPERIAL GOLF COURSE BLVD.

2250 IMPERIAL GOLF COURSE BLVD.





NAPLES FL 33942		NAPLES FL 34110-8136					
					3. Date incorporated or Qualified 02/07/1996	3a. Date of Last	Report
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 350	4 CORINTHIAN WAY	26 3504 CORINTHION WAY			#65-064694	9 1	Vot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		·	5. Certificate of Status Desired		Additional
City & State		City & State					Required
23 NAP		28 NAPLE	_ر ح	,	6. Election Campaign Financing Trust Fund Contribution		May Be
Z40 34		Zip	Counti	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for in		
24 DELL	25 11 5	29 34105	}	ي را		Yes No	5. 199.032,
<u> </u>	9. Name and Address of Current I		-12.51		10. Name and Address of New Reg	distered Agent	
 VISS 	ER, JAN		8	Name			
	IMPERIAL GOLF COURSE BLVD.	82 Street Add		Street Addre	ess (P.O. Box Number is Not Acceptab	le)	
NAPI	LES,FL 33942		["	Street riddin	COS (1.0. DOX NOTINGET IS NOT 1000 PIGE		
ĺ	•		83	9			
			84	City		—∎ 8 5 Zir	Code
				1			
office or reagent. I a	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statu Florida. Such change was ons of, Section 607.0505, F	ites, the abor authorized b forida Statute	ve-named corporations.	oration submits this statement for the pion's board of directors. I hereby accep	urpose of changing tithe appointment a	its registered is registered
SIGNATURE	Signature, typed or printed name of registered agent of	and title if emplicable (NC)	IF: Roostored A	gent signature require	nd when reinstating)	DATE	
12.	OFFICERS AND		T 13.	go i organizació i bajonic	ADDITIONS/CHANGES TO OFFICE		PRS IN 12
TITLE	D	☐ DELETE	1.1 TIBLE			☐ Change	☐ Addition
NAME	VISSER, JAN		1.2 NAME				I
STREET ADDRESS	2250 IMPERIAL GOLF COURSE	BLVD.	1.3 STREE	T ADDRESS			
CITY-ST-ZIP	NAPLES FL 33942		1.4 CITY-	ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	VISSER, BARBARA		2.2 NAME				
STREET ADDRESS	2250 IMPERIAL GOLF COURSE I	BLVD.	2.3 STREE	T ADDRESS			1
CITY-ST-ZIP	NAPLES FL 33942	· · · · · · · · · · · · · · · · · · ·	2. 4 City	- S1 - ZIP		·	
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAM(
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		T briefe	3.4. CITY	- ST - 7IP		П сы	Nadala a
TITLE		LJ DELETE	4.1 TITLE	.		L Change	Addition
NAME			4. 2 NAMI				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CHY- 5.1 TITLE	S1 - 70P		Change	Addition
NAME		L_J OLL IE	5.1 THEE			ET cuantic	L. Audinoil
''' -				T ADDRESS			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CHY- 6.1 HILE	01-2P		Change	Addition
NAME			6.2 NAME			L. Vidinge	C. Monthon
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.3 STREE				
0111-51-ZIF		30. 10:- 10:-	■ 64 CHY-	51-ZIP	11. O	17.0	

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.