SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Sep 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| DOCUMENT # P9600016555 (0) NATIONWIDE MARINE SERVICES, INC. | | | | | 8.88.888.888.888.888.888.888.888 |
|--|---|-------------------------------------|-----------------------------------|---|----------------------------------|
| Principal Place of Business Mailing Address | | | | — LOUPTIPEN AND LOUID BANK FRANK BANK D | 9187 |
| 1 '' | ALM SUITE 105 | · / | 5 | | |
| 13 ROYAL PALM SUITE 105 BOCA RATON FL 33432 BOCA RATON FL 33432 | | | • | | |
| 1 | | | | DO NOT WRITE IN | |
| | | | | 1 | a. Date of Last Report |
| 2. Principal P | lace of Business | 2a. Mailing Address 40 & | AINN LYNN | 02/22/1996 4. FEI Number | Applied For |
| 21 | | 26 2 So Upidonsity pr | | 65-0643.566 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 215 | | o. Cermicate of Status Desired | Fee Required |
| City & Stat | е | City & State | _ | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | Country | 28 PLANTATION | <u>ft</u> | Trust Fund Contribution | |
| Zip | Country 25 | Zip 333324 3i | Country | 8. This corporation owes or has paid the Personal Property Tax due June 30. | |
| 24 | 9. Name and Address of Current | | Brownd | 10. Name and Address of New Regist | |
| ODOLE BRIOC | | | | | |
| | 13 ROYAL PALM SUITE 105 | | | ress (P.O. Box Number is Not Acceptable) | |
| | CA RATON FL 33432 | | 82 Street Add | So UNIVERSITY DR | 576 215 |
| | | | 83 | | |
| | | | 84 City A | | 85 Zip Code |
| | | | PL | ANTIFIUN | FL 33324 |
| 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 optional statutes. | | | | | |
| agent. I a | m familiar with, and accept the objiga | tions of, Section 607.0505, Florid | da Statutes. | | 1. h- |
| SIGNATURE | Signature, typed or printed name of registered agen | it and title if applicable (NOTE, F | Registered Agent signature requi | red when reinstating) | 72/9/ DATE |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS | S AND DIRECTORS IN 12 |
| TITLE | D | DELETE | 1.1 TOLE | | Change Addition |
| NAME | GROUT, BRUCE | | 1.2 NAME | | |
| STREET ADDRESS | 13 ROYAL PALM SUITE 105 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | | 1.4 CITY-ST-7IP | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | Change |
| NAME | | | 2 2 NAME | | |
| STREET ADDRESS | | | 23 STREET ADDRESS | | ļ |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 2. 4 CITY - ST - ZIP 3.1 TITLE | | Change Acdition |
| NAME | | Detter | 3.2 NAME | | C Crange C Modulon |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | l | 3 4. CITY - ST - ZIP | | |
| TITLE | | DELETE | 4.1 TITLE | *************************************** | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | ļ |
| CITY-ST-ZIP | <u> </u> | | 4.4 CITY - ST - ZIP | | |
| TITLE | | DELETE | 51 TITL€ | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | Detete | 5.4 CITY-ST-ZIP | | Channa Ladin- |
| TITLE | | DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME CYPECY ANDRESS | | | 6.2 NAME | | |

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 in privaged open an affective with an address.