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

**PROFIT CORPORATION** ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 02 1998 8:00am Secretary of State

Principal Place 1996 OVEF	MEN 1 # on Name  E MARINE SEI  ce of Business  RSEAS HWY. N FL 33050  Place of Business  #, etc.	Mailing 1999 MAF 2a. Mai	Address 6 OVERSEAS HWY RATHON FL 33050	Y.		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 03/04/1996  4. FEI Number Applied For Not Applicable  5. Certificate of Status Desired  \$8.75 Additional Fee Required			
City & Sta	te	City & State				6. Election Campaign Financing  Trust Fund Contribution		May Be	
Zip 24	25 C	Zip	Zip Country 9 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No			
ļ		Iddress of Currer	it Hegistered	a Agent	81	Name	10. Name and Address of New Registers	d Agent	<del></del>
GREENMAN, FRANKLIN D ESQ. 5800 OVERSEAS HIGHWAY SUITE 40					82	Street A	ddress (P.O. Box Number is Not Acceptable)		
							duress (F.O. Box Number is Not Acceptable)		
	MARATHON FL 3	3050			B3				
					84	City	F	<b>85</b> Zip	Code
I OTHER OF	to the provisions of registered agent, or am familiar with, and Signature, typed or printe	d accept the obliga	of Florida S ations of, Sec	uch change was ction 607.0505, F	authorized b Torida Statute	y the corpo	corporation submits this statement for the purpose pration's board of directors. I hereby accept the accept the accept when reinstaling)  ADDITIONS/CHANGES TO OFFICERS A	ppointment as	registered
TITLE	P			DELETE	1.1 TITLE			☐ Change	Addition
NAME	COOKE, TH				1.2 NAME				Ì
STREET ADDRESS	1996 OVERS MARATHON		1.3 STREET						
CITY-ST-ZIP TITLE	MAIMION	FE 33030		☐ DELETE	1.4 CITY-S 2.1 TITLE	ST-ZIP		Change	Addition
NAME				La becere	2.2 NAME			Grange	[] Modition
STREET ADDRESS	}				2.3 STREET	ADDRESS			
CITY-ST-ZIP					2. 4 CITY -	S1-ZIP			
TITLE				DELETE	3.1 TITLE			☐ Change	☐ Addition
STREET ADDRESS					3.2 NAME 3.3 STREET	ADDRESS			İ
CITY-ST-ZIP					3.4. CITY-				ŀ
TITLE				DELETE	4.1 THILE			Change	Addition
NAME					4. 2 NAME	i			
STREET ADDRESS					4.3 STREET	ADDRESS			
CITY-ST-ZIP				Dec ses	4.4 CITY - S	ST-ZIP			
TATLE				☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS					5.2 NAME 5.3 STREET	ADDRESS			
CITY-ST-ZIP					5.3 STREET				
TITLE				DELETE	6.1 TITLE	11-511		Change	Addition
NAME					6.2 NAME				
STREET ADDRESS					6.3 STREET	ADDRESS			
City-St-ZIP					64 CHY-S	T-ZIP			

I 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 deceiver 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, of on an attachment with an address.