FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **FILED** Jun 06 1997 8:00am ANDERPRATION FLORIDA DEPAR€MENT OF STATE Sandra B. Mortham Secretary of State Secretary of State POCUMENT # P96000020410 (2) ARNOLD MARINE DIESEL & GAS SPECIALISTS, INC. Principal Place of Business Mailing Address 208 SE 3RD STREET 200 BE SRD STREET **DELRAY BEACH FL 83483** DELRAY BEACH FL 33483-4406 3. Date Incorporated or Qualified 3a. Date of Last Report 03/04/1996 2. Principal Place of Business 2a. Mailing Address FELNumber Applied For -0662-965 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Zip Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CRAMMER, EDWIN L 3108 N UNIVERSITY DR #318 82 Street Address (P.O. Box Number is Not Acceptable) **SUNRISE FL 33483** 83 City 84 85 Zip Code 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, typod or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) TITLE DELETE 1.1 TITLE ☐ Change Addition ARNOLD, HENRY NAME 1.2 NAME 208 SE 3RD STREET STREET ADDRESS 1.3 STREET ADDRESS DELRAY BEACH FL 33483 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TiTLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE TITLE 5.1 TITLE Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 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

CITY+ST-ZIP

appears in Block 12 or Block 13 if changed, or on an attachmen