

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

**FILED**  
**Jun 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortimer</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000036178 (7)**  
 1. Corporation Name  
**R.C. MARINE GROUP, INC.**



Principal Place of Business <b>11315 SEABREEZE AVENUE PORT CHARLOTTE FL 33981-6626</b>	Mailing Address <b>11315 SEABREEZE AVENUE PORT CHARLOTTE FL 33981-6626</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/25/1996</b>	3a. Date of Last Report
21	26	4. FEI Number <b>65-0662739</b>	Applied For Not Applicable		
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				FL	
83				84 City	

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, 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	<b>PSTD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DEROGATIS, RONALD J</b>		1.2 NAME		
STREET ADDRESS	<b>11315 SEABREEZE AVENUE</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33981-6626</b>		1.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TABB, DAVID</b>		2.2 NAME	<b>TABB, DAVID</b>	
STREET ADDRESS	<b>11315 SEABREEZE AVENUE</b>		2.3 STREET ADDRESS	<b>450 Chenery</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33981-6626</b>		2.4 CITY-ST-ZIP	<b>Springfield, Illinois 62704</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CUNNINGHAM, PATRICK</b>		3.2 NAME	<b>CUNNINGHAM, PATRICK</b>	
STREET ADDRESS	<b>11315 SEABREEZE AVENUE</b>		3.3 STREET ADDRESS	<b>3313 North Gerrard</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33981-6626</b>		3.4 CITY-ST-ZIP	<b>Indianapolis, Indiana 46224</b>	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 if changed, or on an attachment with an address.

CR2E034 (9/96)