

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

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000048584 (2)**

1. Corporation Name  
**PHOENIX MARINE GROUP, INC.**



Principal Place of Business: **1100 FIFTH AVENUE SOUTH SUITE 201 NAPLES FL 33940**  
 Mailing Address: **1100 FIFTH AVENUE SOUTH SUITE 201 NAPLES FL 34102-6488**

3. Date Incorporated or Qualified: **06/03/1996**  
 3a. Date of Last Report: **New Corp.**  
 4. FEI Number:  Applied For /  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **same**  
 2a. Mailing Address: **same**  
 21. Suite, Apt. #, etc.:  
 22. City & State:  
 23. Zip: Country:  
 24. Zip: Country:

9. Name and Address of Current Registered Agent  
**HORNBACH, KIM CHARLES**  
**2335 TAMiami TRAIL NORTH**  
**SUITE 201**  
**NAPLES FL 33940**

10. Name and Address of New Registered Agent  
 B1 Name: **JEFF L. ROLQUIN**  
 B2 Street Address (P.O. Box Number is Not Acceptable): **8147 LAS PALMAS WAY**  
 B3 City: **NAPLES FLA 33942**  
 B4 City: **FL** B5 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: **JEFF L. ROLQUIN** (typed name)  
 Signature: *[Handwritten Signature]* (Registered Agent's signature required when reinstalling)  
 Date: **May 1, 1997**

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>JEFF L. ROLQUIN</b>	
STREET ADDRESS	<b>1100 STRAVE SOUTH #201</b>	
CITY-ST-ZIP	<b>NAPLES FLA 34102</b>	
TITLE	<b>VICE President.</b>	<input type="checkbox"/> DELETE
NAME	<b>SAM BROUNSTEIN</b>	
STREET ADDRESS	<b>1100 STRAVE SOUTH #201</b>	
CITY-ST-ZIP	<b>NAPLES, FLA 34102</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]* **JEFF ROLQUIN** **06/03/1996** **(941) 261-5999**

CR2E034 (9/96)