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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000063446 (4)

FLORIDA MARINE STRUCTURES, INC.

FILED Apr 14 1997 8:00am Secretary of State



Frincipal Place of Business Mailing Address 3394 STRINGFELLOW RD 3394 STRINGFELLO ST JAMES CITY FL 33956 ST JAMES CITY F								
					3. Date Incorporated or Qualified 07/29/1996	1	e of Last F	eport orated
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 65-0694387			plied For
21		26 P.O. Box 2	27		65-0694387			t Applicable
Suite, Apl		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & Stat	e e e e e e e e e e e e e e e e e e e	City & State	City, E	7L	6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ζιρ 24	Country 25 9, Name and Address of Curr	Zip 29 33956	30 US		This corporation has liability for Florida Statutes 10. Name and Address of New Ro	Yes [No	. 199.032,
GAR	ICIA, CHARLES E			81 Name				
2319 DATE STREET				82 Street Ad	ress (P.O. Box Number is Not Acceptable)			
ST J	IAMES CITY FL 33958						· · · · · · · · · · · · · · · · · · ·	
				63				
				84 City		FL	85 Zip	Code
office or i agent 1 a	registered agent or both, in the Sta am familiar with, and accept the obt	le of Florida. Such change wa igations of, Section 607,0505	as authorize Florida Stal	d by the corpo	orporation submits this statement for the ration's board of directors. I hereby acce	opt the appo	pintment as	registered
SIGNATURE	Charlie Garcia, Signature type of or printed name of registered a	sgort and title if applicable. (f		d Agent signature le	Quired when reinstating)	4-2		
12.	Signature typical or printed name of registered a	agent and talle if applicable. (I IND DIRECTORS	13.		Quired when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE	DIRECTO	RS IN 12
	Signature Type dior printed name of registered a OFFICERS A	ageri and tille il applicable. (Il ND DIRECTORS DELETE	13. 1.1 Ti 12 No 1.3 Si	TLE	· _ · _	DATE		RS IN 12
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I formation 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 13 of changed, or on an attachment with an address.

SIGNATURE AND TYPEO OF ERNIED NAME OF SIGNING OFFICER OF CIRECTOR __ Charlle Gardia

941 -283-1728

Daytime Phone #

0408007