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FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000065363 (9)

1. Corporation Name

COLE MARINE DISTRIBUTING, INC.



Principal Place of Business

3200 S. ANDREWS AVENUE, #114
FORT LAUDERDALE FL 33316

Mailing Address

3200 S. ANDREWS AVENUE, #114
FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1996

4. FEI Number

APPLIED FOR 65-0747887

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ABRAMS, THOMAS L
800 E. LAS OLAS BLVD., STE. 200
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1776 N. PINE ISLAND RD, #308

83

84

City

PLANTATION

FL

85 Zip Code

33322

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]

THOMAS L. ABRAMS

4/2/98

(Signature, typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/C
NAME GRAHAM, JONATHAN
STREET ADDRESS 3200 S. ANDREWS AVENUE, #114
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE D/V/S/T
NAME MAYER, TOWNSEND
STREET ADDRESS 3200 S. ANDREWS AVENUE, #114
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE D/P
NAME WOODALL, TERESA
STREET ADDRESS 3200 S. ANDREWS AVE, #114
CITY-ST-ZIP FT. LAUD, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/C
1.2 NAME GRAHAM, JONATHAN
1.3 STREET ADDRESS SAME
1.4 CITY-ST-ZIP

2.1 TITLE D/V/S/T
2.2 NAME MAYER, TOWNSEND
2.3 STREET ADDRESS SAME
2.4 CITY-ST-ZIP

3.1 TITLE D/P
3.2 NAME WOODALL, TERESA
3.3 STREET ADDRESS SAME
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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.

SIGNATURE

[Signature]

Townsend

Mayer

4/28/98

CR2E034 (10/97)