

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

FILED
May 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000067402 (3)

1. Corporation Name
PASSAGE MARINE, INC.



Principal Place of Business
6363 N.W. 6TH WAY SUITE 210 FT. LAUDERDALE FL 33309

Mailing Address
6363 N.W. 6TH WAY SUITE 210 FT. LAUDERDALE FL 33309-6136

3. Date Incorporated or Qualified **08/13/1996** 3a. Date of Last Report

4. FEI Number **65-0684851** 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
 21 **3850 N.W. BOCA RATON BLVD. # 10**
 Suite, Apt. #, etc.

22 **BOCA RATON, FL.**
 City & State

23
 Zip **33431** Country **U.S.A.**

2a. Mailing Address
 26 **P.O. BOX 273294**
 Suite, Apt. #, etc.

27
 City & State **BOCA RATON, FL.**

28
 Zip **33427-3294** Country **U.S.A.**

9. Name and Address of Current Registered Agent
BELCHER, GERALD F
6363 N.W. 6TH WAY
SUTIE 210
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELCHER, GERALD F	1.2 NAME	
STREET ADDRESS	P.O. BOX 273294 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33427-3294	1.4 CITY-ST-ZIP	
TITLE	KIT BUTLER - VICE PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIT BUTLER - VICE PRESIDENT	2.2 NAME	
STREET ADDRESS	P.O. BOX 273294 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL. 33427-3294	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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	

CS
 5/27/97
 B
 Dep 165.00

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.

SIGNATURE: *[Signature]* 4-2-97 561-368-2790

CR2E034 (9/96)