

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

FILED

May 02 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 # **P96000072715 (1)**

1. Corporation Name

NEPTUNE MARINE SYSTEMS, INC.



Principal Place of Business 908 N. OSCEOLA AVE. CLEARWATER FL 34615	Mailing Address 908 N. OSCEOLA AVE. CLEARWATER FL 34615-3038
---	--

2. Principal Place of Business 21 801 West Bry Drive Suite, Apt. #, etc. 22 Suite 409 City & State 23 Largo FL Zip 24 33770		2a. Mailing Address 26 39 ACACIA ST Suite, Apt. #, etc. 27 City & State 28 CLEARWATER, FL Zip 29 34630		3. Date Incorporated or Qualified 08/28/1996		3a. Date of Last Report N/A	
4. FEI Number 59-3402837		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent WIDMANN, KRISTIE A 908 N. OSCEOLA AVE. CLEARWATER FL 34615				10. Name and Address of New Registered Agent 81 Name Widmann, Kristie A 82 Street Address (P.O. Box Number is Not Acceptable) 39 ACACIA ST 83 84 City CLEARWATER FL 85 Zip Code 34630			
--	--	--	--	--	--	--	--

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Widmann George F
NAME	WIDMANN, GEORGE F	1.2 NAME	39 ACACIA ST
STREET ADDRESS	908 N. OSCEOLA AVE.	1.3 STREET ADDRESS	DIP
CITY-ST-ZIP	CLEARWATER FL 34615	1.4 CITY-ST-ZIP	CLEARWATER FL 34630
TITLE	D	2.1 TITLE	Widmann, Kristie A
NAME	WIDMANN, KRISTIE A	2.2 NAME	39 ACACIA ST
STREET ADDRESS	908 N. OSCEOLA AVE.	2.3 STREET ADDRESS	DIT
CITY-ST-ZIP	CLEARWATER FL 34615	2.4 CITY-ST-ZIP	CLEARWATER FL 34630
TITLE	D	3.1 TITLE	CAFARELLI, John V
NAME	CAFARELLI, JOHN V	3.2 NAME	DIV
STREET ADDRESS	635 CLEVELAND ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34617	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
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.

SIGNATURE: Kristie A Widmann 4/28/97 813-449-8025
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)