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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P96000073840 (6)

## FILED Feb 12 1998 8:00am Secretary of State

S & E M	MARINE COMPANY				
Principal Place	of Business	Mailing Address			itte imenn tätät totti ösatt ente tadi
777 SOUTH FLAGLER DRIVE 777 SOUTH FLAGLER DRI			/E		
SUITE 310 EAST SUITE 310 EAST WEST PALM BEACH FL 33401 WEST PALM BEACH FL 3		404	DO NOT MORE IN	THIC COACE	
MESI PALM BI	EACH FL 33401	WEST PALM BEACH FL 33	1401	DO NOT WRITE IN 3. Date Incorporated or Qualified	INIS SPACE
				09/05/1996	
2. Principal Plac	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
21		[26]		65-0707758	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	4	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		A Floring Committee Floring	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z(p)	Country	8. This corporation owes or has paid th	
24	25	29 3	-, ·	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curren		<u></u>	10. Name and Address of New Regist	
BRE	GMAN, HOWARD		81 Name		
777 SOUTH FLAGLER DRIVE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
SUTT	TE 310 EAST		oz saeet Addin	ass (1.0. Box Normali is Not Acceptable)	
WES	ST PALM BEACH FL 33401		83		
			84 City		85 Zip Code
			D4 City		FL 85 Zip Code
GIGNIATURE			, the above-named corp thorized by the corporati da Statutes.	oration submits this statement for the purp- ion's board of directors. I hereby accept the	ose of changing its registered e appointment as registered
Si-	ignature, typod or printed harne of registered ag-		Registered Agent signature require		ATE
12.	OFFICERS ANI	A TO THE RESIDENCE OF THE PARTY	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD Brody, Steven	DELETE	1.1 TITLE		Change Addition
NAME	17556 LAKE ESTATES DRIVE	:	1.2 NAME		
STREET ADDRESS	BOCA RATON FL	•	1.3 STREET ADDRESS		
CITY-ST-ZIP	STD	DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	BRODY, ELLIOT	☐ DELETE	2 1 TITLE		Change Addition
NAME	17556 LAKE ESTATES DRIVE	•	2 2 NAME		
STREET ADORESS	BOCA RATON FL	•	2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	V	DELETE	2. 4 CHTY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME	BRODY, HELENE	C Decere	3.2 NAME		change nacition
STREET ADDRESS	17556 LAKE ESTATES DRIVE		33 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	•	3.4. CITY-ST-ZIP		
TITLE		DELFTE	4.1 TITLE		Change Addition
NAME			4. 2 NAME	, '	
STREET ADDRESS			4.3 STREET ADDRESS	<u> </u>	
CITY-S1-ZIP			4.4 City-St-ZiP	C	
TITLE		DELETE	5.1 TITLE	20.	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		•	5.4 City-St-ZiP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME					
ı İ			6.2 NAME		
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		

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 suppliemental 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 of 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 an an attachment with an address

SIGNATURE: Some some some 2

2-5.98

R2E034 (10/97)