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Mailing Address

3060 GRAND BAY BOULEVARD #176

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078781 (7)

INCENTIVE MARINE, INC.

Principal Place of Business

SIGNATURE:

3060 GRAND BAY BOULEVARD #176

LONGBOAT KEY FL 34228-4179 LONGBOAT KEY FL 34228 3. Date Incorporated or Qualified 3a. Date of Last Report 09/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0695633 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 Cily & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zipi Country Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE FL 32301 83 84 City 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 Signature hypother printed name of registered agent and title if applicable (NOTE: Flegistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13 DELETE Change Addition Addition 1.1 TITLE HILE Secretary/Treasurer STRICKLAND, C L NAME 12 NAME Lee Mehta #39 THE OVAL 1.3 STREET ADDRESS STREET ADDRESS 6035 Wind Broadways St. SUGARLAND TX 77479 1.4 CITY-ST-ZIP CITY-ST-7P Change Addition DELETÉ 2.1 TITLE TITLE 2.2 NAME MAMÉ 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition THILE 3.1 TITLE 3.2 NAME NAMÉ 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 51 TITLE 1004 52 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE THLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CHY-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

attachment with an address.

ITED NAME OF SIGNING OFFICER OR DIRECTOR

to Complete

Lee Mehta (Secy/Treasurer)

05/11/97

Daylime Phone #