


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 28 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 # **P96000079378 (1)**

1. Corporation Name
LVI MARINE CORPORATION

Principal Place of Business
**1037 MARINA DRIVE
NORTH PALM BEACH FL 33408**

Mailing Address
**1037 MARINA DRIVE
NORTH PALM BEACH FL 33408**



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|--|---------------------------------|--|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 | | 26 607 ROSA COURT | | 09/23/1996 | | 09/23/1996 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 22 | | 27 | | 65-0697257 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 PALM BEACH GARDENS FL | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | Country | | Country | |
| 24 | | 29 33410 | | 30 | | 30 | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| RITSON, BRUCE 1234567890 STREET SUITE 100 KEY WEST FL 33040 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 1622 JOHNSON STREET | | | |
| | | | | 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

Bruce Ritson
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

07/19/97
DATE

| | | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| <input type="checkbox"/> DELETE | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 1.1 TITLE | | | | 1.1 TITLE | | | |
| 1.2 NAME | | | | 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | | 607 ROSA COURT | | | |
| 1.4 CITY-ST-ZIP | | | | PALM BEACH GARDENS FL 33410 | | | |
| 2.1 TITLE | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 2.2 NAME | | | | 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | | 607 ROSA COURT | | | |
| 2.4 CITY-ST-ZIP | | | | PALM BEACH GARDENS FL 33410 | | | |
| 3.1 TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 3.2 NAME | | | | 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 4.2 NAME | | | | 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 5.2 NAME | | | | 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 6.2 NAME | | | | 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| 6.4 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.

CR2E034 (4/97)