

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

FILED  
Mar 20 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>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  
165 BENT TREE DR  
PALM BCH GRDNS FL 33418  
US



DO NOT WRITE IN THIS SPACE

|                                |  |                        |  |  |  |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified                                |  |
| 21 Suite, Apt. #, etc.         |  | 26 P.O. BOX 13025      |  | 09/23/1996   |  |
| 22 City & State                |  | 27 Suite, Apt. #, etc. |  | 4. FEI Number  |  |
| 23 Zip                         |  | 28 NO PALM BEACH       |  | 65-0697257   |  |
| 24 Country                     |  | 29 Zip                 |  | 5. Certificate of Status Desired                                 |  |
| 25 Country                     |  | 30 Country             |  | 8.75 Additional Fee Required                                     |  |
|                                |  |                        |  | 6. Election Campaign Financing                                   |  |
|                                |  |                        |  | Trust Fund Contribution  |  |
|                                |  |                        |  | 5.00 May Be Added to Fees  |  |
|                                |  |                        |  | 8. This corporation owes or has paid the current year Intangible |  |
|                                |  |                        |  | Personal Property Tax due June 30.                               |  |
|                                |  |                        |  | Yes No   |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RITSON, BRUCE  
1622 JOHNSON ST  
~~SUITE 110~~  
KEY WEST FL 33040

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/04/98

DATE

|                            |                     |   |                             |
|----------------------------|---------------------|---|-----------------------------|
| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                             |
| TITLE                      | PD                  | 1.1 TITLE   |                             |
| NAME                       | INGRANDO, LEONARD V | 1.2 NAME  |                             |
| STREET ADDRESS             | 607 ROSA COURT      | 1.3 STREET ADDRESS                                    | 165 BENT TREE DRIVE         |
| CITY-ST-ZIP                | PALM BCH GRDNS FL   | 1.4 CITY-ST-ZIP                                       | PALM BEACH GARDENS FL 33418 |
| TITLE                      | STD                 | 2.1 TITLE   |                             |
| NAME                       | KINGSLEY, SUZANNE   | 2.2 NAME  |                             |
| STREET ADDRESS             | 607 ROSA COURT      | 2.3 STREET ADDRESS                                    | 165 BENT TREE DRIVE         |
| CITY-ST-ZIP                | PALM BCH GRDNS FL   | 2.4 CITY-ST-ZIP                                       | PALM BEACH GARDENS FL 33418 |
| TITLE                      |                     | 3.1 TITLE   |                             |
| NAME                       |                     | 3.2 NAME  |                             |
| STREET ADDRESS             |                     | 3.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                |                     | 3.4 CITY-ST-ZIP                                       |                             |
| TITLE                      |                     | 4.1 TITLE   |                             |
| NAME                       |                     | 4.2 NAME  |                             |
| STREET ADDRESS             |                     | 4.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                |                     | 4.4 CITY-ST-ZIP                                       |                             |
| TITLE                      |                     | 5.1 TITLE   |                             |
| NAME                       |                     | 5.2 NAME  |                             |
| STREET ADDRESS             |                     | 5.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                |                     | 5.4 CITY-ST-ZIP                                       |                             |
| TITLE                      |                     | 6.1 TITLE   |                             |
| NAME                       |                     | 6.2 NAME  |                             |
| STREET ADDRESS             |                     | 6.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                |                     | 6.4 CITY-ST-ZIP                                       |                             |

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 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 named, or on the statement with an address.

SIGNATURE: Leonard V Ingrand, President

03/04/98

561/624-1210

CR2E034 (10/97)