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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000082485 (9)

DAVIS MARINE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED Feb 25 1998 8:00am Secretary of State



HOLLYWOOD FL 33023		HOLLYWOOD FL 33023		DO NOT WRITE IN T	HIS SPACE
				3. Date incorporated or Qualified	
				10/07/1996	
2. Principal Pl	ace of Business	Mailing Address	, , , ,	4. FEI Number	Applied For
21 /27	15 Mapk Rd	26 17785 M	ple Kd.	65-0699904	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	H	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 N. Miomi R.		28 / / ///0/01	Country		
24 21 331	XI WILLIAM	32161	30 000	 This corporation owes or has paid the Personal Property Tax due June 30. 	Yes No
24 277	9. Name and Address of Currer		30 - 27	10. Name and Address of New Registe	
COL	RENBLUM, STUART		81) Name	Stut Carellin	
	8 S.W. 25TH STREET		65 Street	Address (P.O. Box Number is Not Accepte ble)	
	LLYWOOD FL 33023		3.1661	12785 MOOL RA	
			(33)		
			64 City		Zip Code
					FL
11, Pursuant	to the provisions of Sections 60,050	02 and 607 1508, Florida Statute	os, the above-named	corporation submits this statement for the purpoporation's board of directors. I hereby accept the	se of changing its registered
agent. I a	m familiar with, and	ations of Section 607.0505, Flo	rida Statutes.	porations board of directors. Thereby accept the	appointment as registered
SIGNATURE	X				
		retaint the it ipple able (NOTE NO DIRECTORS	Registered Agent signature	a required when reinstating) Di ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	PD OFFICERS AN	DECEME	13. 19 Mile		Change Addition
NAME	CORENBLUM, STUART		(12)NAME	Corenblum Stuart 12785 Moder Rd N. Minni, FL. 33	
STREET ADDRESS	5628 SW 25 ST		1.3 STREET ADDRESS	12785 MOPLER	
CITY-ST-ZIP	HOLLYWOOD FL		1.3 GRY-SI-ZIP	N. Minni FL 33	18/
TITLE	HOLETWOOD TE	DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	#-	
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3 4. CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		DESCRIPTION	5 4 CITY - \$1 - ZIP		Change Addition
TITLE		☐ DELETE	6 1 TITLE		El Angulos
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-S1-ZIP	<u></u>		6.4 CITY - ST - ZiP	and in Continue 440 07/2V/3 Florido Statutos I furth	or portify that the information

groups the quality for the examplion stated in section 1950 (5)(t), holids statistics. Further being into the information point is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in