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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 25 1997 8:00am

Secretary of State

417-318-8883

DOCUMENT # P96000084992 (2)

DESIGN MARINE, INC.

STREET ADDRESS

Principal Plac	e of Business	Mailing Address	Mailing Address 1690 Fitzpatrick point Sanford Fl. 32771-8578		T INELIDOR IN INVIDENTE ESTAT UNIVERSALIT	(BOLOR (BIA) BABAR IRA(A IDA)A	
1690 FITZPATR SANFORD FL 3							
					3. Date Incorporated or Qualified 10/14/1996	3a. Date of Last Re	porl
· ·	Place of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21		[26]		59-3419631 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 At		
City & State		City & State		A Station Committee	Fee Req		
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 M		
Zip	Country	Zip	Coun	try	8. This corporation has liability for it		
24	25	29	30	•	· · · · · · · · · · · · · · · · · · ·	Yes No	188.032,
	9. Name and Address of Curre				10. Name and Address of New Re	gistered Agent	
STE	PP, \$TEVE		8	Name			
1690 FITZPATRICK POINT				82 Street Address (P.O. Box Number is Not Acceptable)			
SAN	FORD FL 32771		L		areas (r. s. box ramber to rack race)		
			3	33			
			ε	34 City	· · · · · · · · · · · · · · · · · · ·	B5 Zip C	ode
						FL B 2 PO	
office or i	egistered agent, in both, in the State	o of lorida Such change was	utes, the abo s authorized	ove-named co by the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of changing its of the appointment as re	registered egistered
agent. La	m familiar with, and accoupt the oble					1	Ĭ
BIGIETT	Signature, lyped of printed name of egistered as	Stu	E 2/1	PP P	VES 4/2 uired when reinstating)	1/97	
12,		ID DIRECTORS	13.	aga manginama acdi	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS	IN 12
TITLE	P DELETE		1,1 7170	E		Change	Addition
NAME	STEPP, STEVE		1.2 NAM	ie l			
STREET ADDRESS	1690 FITZPATRICK POINT		1.3 STREET ADDRESS				
CITY-ST-ZIP	SANFORD FL 32771		1.4 CITY-S1-ZIP				
TITLE	ST DELETE		2.1 TITL		Change		noitibtA
NAME	STEPP, KIM		2.2 NAM	1E			
STREET ADDRESS	1690 FITZPATRICK POINT		2.3 STRE	EFT ADDRESS			
CITY-ST-ZIP	SANFORD FL 32771		2.4 CIT	Y-S1-ZIP			
TITLE	DELETE		3 1 TITL	E	Change Addi		Addition
NAME			3.2 NAM	lE			
STREET ADDRESS			3.3 STRE	EET ADDRESS			
CITY-ST-ZIP			3.4. CITY	r-ST-ZIP			
TITLE		DELETE	4.1 TITLI	E		Change	noilibte
NAME			4. 2 NAN	AE .			1
STREET ADDRESS			4.3 STRE	eet address			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			<u> </u>
TITLE	DELETE S		5.1 TITLE	E		Change	Addition
NAME			5.2 NAM	IE			-
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6 2 NAM	r			

6.3 STREET ADDRESS

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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