


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

FILED

Apr 23 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 # P96000086812 (0) • 1. Corporation Name TECH MOBILE MARINE INC.					
Principal Place of Business 12850 STATE ROAD 84 STE 2311 DAVE FL 33325			Mailing Address 12850 STATE ROAD 84 STE 2311 DAVE FL 33325-3315		



2. Principal Place of Business 21 Suite, Apt. #, etc. P.O. Box 1087 22 City & State DANIA FLORIDA 23 Zip Country 33004-1087 BROWARD		2a. Mailing Address 26 Suite, Apt. #, etc. P.O. Box 1087 27 City & State DANIA FLORIDA 28 Zip Country 33004-1087 BROWARD		3. Date Incorporated or Qualified 10/21/1996		3a. Date of Last Report NEW	
				4. FEI Number 65-0703412		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent FOURNIER, RAMON 12850 STATE ROAD 84 STE 2311 DAVE FL 33325				10. Name and Address of New Registered Agent 81 Name FOURNIER, RAMON D 82 Street Address (P.O. Box Number is Not Acceptable) 101 SE G AVE #1 83 84 City POMPANO BEACH FL 85 Zip Code 33060			
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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE D <input checked="" type="checkbox"/> DELETE NAME FOURNIER, RAMON STREET ADDRESS 12850 STATE ROAD 84 STE 2311 CITY-ST-ZIP DAVE FL 33325		1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME FOURNIER, RAMON 1.3 STREET ADDRESS 101 SE G AVE #1 1.4 CITY-ST-ZIP POMPANO BEACH FL 33060					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE: Ramon Fournier **0/25/97** (954) 714-2449
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)