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 16 1997 8:00am
Secretary of State

DOCUMENT # P96000095441 (7)

1. Corporation Name

MARINE COORDINATING, INC.

Principal Place of Business

501 BRICKELL KEY DRIVE
SUTIE 406
MIAMI FL 33131

Mailing Address

501 BRICKELL KEY DRIVE
SUTIE 406
MIAMI FL 33131-2611

3. Date Incorporated or Qualified	3a. Date of Last Report
11/18/1996	

2. Principal Place of Business		2a. Mailing Address		4. FEI Number **65-0705517**		Applied For
21		26				Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		**$8.75** Additional Fee Required
22		27				
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐		**$5.00** May Be Added to Fees
23		28				
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		
24	25	29	30			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
MARCILLE, DOUGLAS W **501 BRICKELL KEY DRIVE** **SUITE 406** **MIAMI FL 33131**	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)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**D**	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	**GRIFFIN, JOHN**		1.2 NAME		
STREET ADDRESS	**501 BRICKELL KEY DRIVE**		1.3 STREET ADDRESS		
CITY-ST-ZIP	**MIAMI FL 33131**		1.4 CITY-ST-ZIP		
TITLE		☐ 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			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
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.

SIGNATURE: _____   **4-9-97**   **634-6999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (9/96)

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