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 # P96000097702 (0)

FILED May 19 1998 8:00am Secretary of State

DIANN	ON MARINE ENGINEERING	a, INC.	•		
Principal Place of Business		Mailing Address		I FOOTIOOF HO IDII DOIII ODHI 90III 90III 90III	TIN 1030 1041 0610 1011 1011
8709 COVE COURT		8709 COVE COURT			
TAMPA FL 33615		TAMPA FL 33615		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
				11/26/1996	
	ace of Business	2s. Mailing Address		4, FEI Number	Applied For
21	A	26		59-3428723	Not Applicable
Suite, Apt.	#, 6tC	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State		6, Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the d	
24	25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
	Name and Address of Current	nt Registered Agent		10. Name and Address of New Registers	d Agent
MCEYAN, GLENN W			81 Name		
	9 COVE COURT		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
: 1AN	APÀ FL 33615		83		
			84 City	F	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, typical or pointed manys of registered age	crit and life if applicable (NOI	E Regulered Agent signature requir	ted when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	MCEWAN, DEBRA		1.2 NAME		
STREET ADDRESS	6709 COVE CT		1.3 STREFT ADDRESS		I
CITY-ST-ZIP	TAMPA FL	DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE NAME	VT Mcewan, Glenn	ב_ סגננוג	2.1 TITLE 2.2 NAME		C cuange
STREET ADDRESS	8709 COVE CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2. 4 CITY - S1 - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		İ
CITY-ST-ZIP			3.4 C(1)Y-\$1-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CHY-ST-ZIP		Change Addition
NAME		►1 btreig	5.1 TITLE		Change
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 DITY-ST-ZIP		
TITLE		DELETE	61 HILL		Change Addition
NAME		 -	6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 City-S1-ZiP		
4.4 Lhoroby o	matifications then independently and a land of	dile this fitter along make a sadden for	or the eventtion stated in	Continue 140 07(3Vi) Florido Ctalutas I further	and it, that the information

The section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this armost report or supplicmental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation of 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 change on an attachment with an address.