

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90045 009 ***150.00



DOCUMENT # P97000067502

1. Entity Name
CHIC MARINE INC.

Principal Place of Business Mailing Address
1335 SE 16TH STREET **1335 SE 16TH STREET**
FORT LAUDERDALE FL 33316 **FORT LAUDERDALE FL 33316**

2. Principal Place of Business 3. Mailing Address
2550 S. BAYSHORE DR. **2550 S. BAYSHORE DR.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE # 14. **SUITE # 14**

City & State City & State
COCONUT GROVE FL. **COCONUT GROVE FL**

Zip Country Zip Country
33133 **DADE** **33133** **DADE**



MOORE CR2E034 (11/03)

4. FEI Number Applied For
65-0793956 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BIZZARRO, DEBORAH
2929 E. COMMERCIAL BOULEVARD
PH-C
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LONGNECKER, CHARLES M	
STREET ADDRESS	1335 SE 16TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LONGNECKER, BARBARA D	
STREET ADDRESS	1335 SE 16TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIZZARRO, DEBORAH L	
STREET ADDRESS	2929 E. COMMERCIAL BOULEVARD, PH-C	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles M. Longnecker* **CHARLES M. LONGNECKER** **2-19-04** **305-860-4030**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #